



OCTOBER 2007

Critical Condition:

*Examining the Scope of Medical Services
in South Los Angeles*

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Funded by:

 The
California
Endowment

*The purpose of this report
is to strengthen our
collective understanding
of the health needs
of the residents of
South Los Angeles.*



Foreword

“Shallow understanding from people of good will is more frustrating than absolute misunderstanding from people of ill will.”

— MARTIN LUTHER KING, JR.
LETTER FROM BIRMINGHAM JAIL, APRIL 1963

The county’s decision to close Martin Luther King Jr.-Harbor Hospital, following several inspections citing serious quality of care issues and the subsequent loss of federal funding, is a sad one for the people of South Los Angeles and, indeed, the entire county.

It is particularly distressing because the establishment of a comprehensive teaching hospital in the heart of this community, in 1972, represented such a pivotal change and hopeful moment. The hospital was a major step to correct the health injustices cited by the McCone Commission, which was formed in the wake of the 1965 L.A. riots, and issued the following statement as part of its findings:

“Statistics indicate that health conditions of the residents of south central Los Angeles are relatively poor and facilities to provide medical care are insufficient... Life expectancies are considerably shorter... the number of doctors in the southeastern part of Los Angeles is grossly inadequate as compared to other parts of the city... The hospitals readily accessible to the citizens in southeastern Los Angeles are also grossly inadequate in quality and in numbers of beds “

Today, more than four decades later, it is both regrettable and shameful that the Commission’s findings sound so current. Based on virtually every indicator, the residents of South Los Angeles experience worse health outcomes. Diabetes rates are 44% higher than elsewhere in the county, while HIV/AIDS rates are 38% higher. A generation of young people is being lost in South L.A., as the infant mortality rate is 20% higher than the county as a whole. And, South L.A. has the highest percentage of children without health insurance in the county.

Martin Luther King/Charles R. Drew Medical Center (subsequently renamed MLK Harbor Hospital) was opened to help provide critically needed medical services. Unfortunately, the medical center has lurched from crisis to crisis almost since the beginning as a result of poor medical care and a failure of effective governance and oversight. In response, critical services have been reduced over the last several years. First, the trauma center was closed. Then the residency programs that supported many specialty services were eliminated. Sadly, the hospital was further downsized, until, most recently, the ER was closed and all inpatient services terminated.

In March 2005, The California Endowment established a Steering Committee on the Future of King Drew Medical Center made up of noted health experts. Following extensive consultation and analysis, it issued a report that constituted a roadmap to enable the medical center to fulfill its original purpose. In that report, the Committee issued several recommendations to reform both the hospital and Drew University. Some of them were heeded; many were not.

Precipitated by the most recent sequence of events, and the ensuing discussions about the needs of the community, The Endowment then commissioned an independent analysis of the health needs and provider capacity of South Los Angeles. Kurt Salmon Associates (KSA), a consulting firm specializing in hospital planning, compiled data from a broad range of sources to provide an accurate and holistic portrayal of the health care infrastructure – as well as the needs – in South Los Angeles. This analysis was designed to provide a common base of information upon which policymakers, health care providers, advocates and health consumers can develop priorities for action.

Not unexpectedly, the analysis found that Service Planning Area (SPA) 6 in South Los Angeles is one of the most underserved communities in the entire nation, with desperate health care challenges. The findings paint an alarming picture of a broken health system that has failed to meet the needs of South Los Angeles, even prior to the recent closure of the MLK-Harbor inpatient facility. They include:

Emergency and Trauma Services

In 2004, SPA 6 had the lowest number of emergency department treatment stations compared to LA County and other geographic areas. The current capacity of 59 treatment stations is well below the estimated need for between 100 and 150 stations.

Inpatient Services

The SPA 6 population is at risk for limited access to inpatient services based on analysis of existing available beds. The estimated bed need, based on current utilization patterns, is more

than 2,000 beds. Yet, there are now only approximately 700 existing beds. South Los Angeles has among the lowest number of beds per 1,000 residents in the nation.

Specialty Care

South Los Angeles residents experience long wait times to see a specialist, which delays effective diagnosis and treatment. Public-Private Partnerships, which provide primary care but must refer patients to county facilities for specialty care, report average wait times of six months to one year for specialty care.

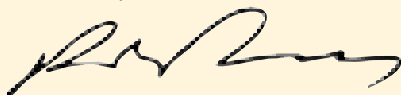
These data, and others contained in this report, should not numb us into inaction. On the contrary, the analysis demonstrates that we must immediately re-think how to address these unmet needs.

Forty-two years have taught us, at a minimum, that this community requires a comprehensive hospital that delivers high-quality care. Moreover, as this analysis documents, the community also needs greater access to specialty services and better integration of primary care with mental health, public health, and specialty care. These would be significant improvements and represent the core set of services needed for a functioning health care infrastructure.

At the same time, to truly improve the *health* of South Los Angeles residents, we must also commit to addressing the broader social determinants – such as economic opportunities, education, safety and nutrition – that significantly contribute to a community’s overall health status. Responding to the inpatient and specialty care needs, as outlined in this report, is a critical first step, but it cannot be the only step. We will fail again if we convince ourselves that we can stop there.

From the standpoint of the McCone Commission and those who fought to open a medical center in South Los Angeles, the plight of the King-Harbor hospital represents a dream deferred, to use the famous words of poet Langston Hughes. This time we must do better and achieve the goal of a healthy community.

Sincerely,



Robert K. Ross, M.D.

President and CEO

The California Endowment

To assess if we are meeting the medical needs of the SPA 6 population we have developed three categories of assessment: Service Area and Target Population, Health Care Services, Subsets of the Targeted Population.



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The diverse make up and low-income characteristics of the SPA 6 population, coupled with a high homicide rate... indicates a relatively high demand for trauma and ED.



Part 1

Summary of Key Findings

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Summary of Key Findings

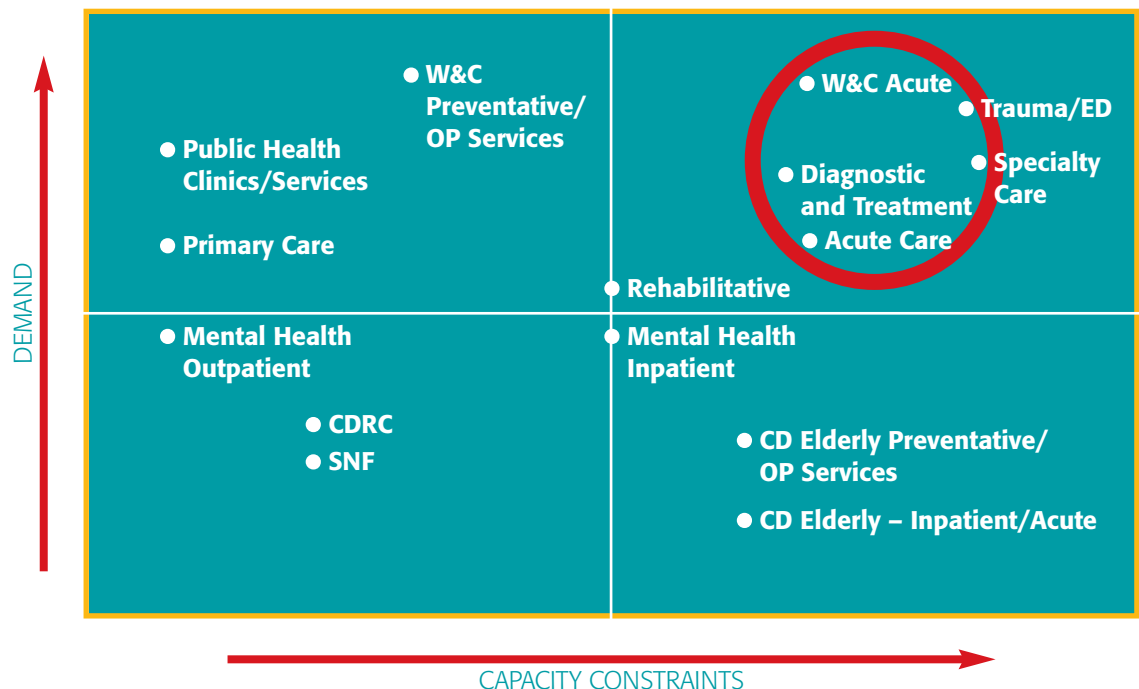
Based on a range of indicators, the SPA 6 population has a relatively high demand for most medical services. (See **Chart 1**).

- In the chart below, services are arrayed only on a relative basis, one service to another. They are not mapped based on comparison to a national average or other, broader benchmark.

Their placement is based on the specific information used in this report, not accounting for possible future changes.

- Risk for capacity not meeting demand is at its greatest for services closest to the upper-right corner of the chart*, where high demand and high capacity constraints meet.

Chart 1: SPA 6 Qualitative Assessment of Medical Services.



* The graphic above is not intended to suggest that services falling outside the red circle are not in need of continued resources. As the population ages, the demand for all medical services will increase and it is incumbent upon the necessary stakeholders to ensure services keep pace with this growth.

Trauma and Emergency Services

The diverse make up and low-income characteristics of the SPA 6 population, coupled with a high homicide rate [a proxy for overall violence] indicates a relatively high demand for trauma and ED.

- These findings are consistent with the Kurt Salmon Associates/California HealthCare Foundation study that identified populations in south central and southeast LA to be most at risk for limited access to ED and trauma.
- In 2004-2005 there was 1 trauma center (St. Francis) and 2 hospital EDs (King/Harbor and St. Francis) to serve the population of SPA 6.
- SPA 6 had the lowest number of ED treatment stations per 100,000 compared to LAC and other SPAs.
- There are 2 additional trauma centers (USC and Harbor/UCLA) and 18 hospitals with emergency services located within the 10-mile radius surrounding SPA 6.
- Access to trauma units is crucial for victims of violent crimes. The time allotted to reach a trauma center is 30 minutes. The urban sprawl and traffic patterns in LAC may impede quick access to these services.

Implication

For truly emergent cases, quick access to trauma and ED services is crucial for the SPA 6 population.

Acute Care

The SPA 6 population is at risk for limited access to inpatient services based on analysis of existing available beds.

- In 2005, residents in SPA 6 were the highest users of inpatient services compared to LA County and CA (107 discharges/1,000 in SPA6 vs. 101 discharges/1,000 in CA).
 - SPA 6 use rates were comparable to populations with similar characteristics (e.g. LA Co. and San Bernardino Co.).
- Demand for services in SPA 6 is comparable to the state of CA, with slight differences that likely reflect the demographic profile of SPA 6.
 - Highest demand is for Women and Children services.
- Estimated bed need in SPA 6, based on current utilization patterns, is over 2,000 beds (existing beds ~ 1,000).
 - The actual needs of the population (defined as access to an available bed) may differ from demand estimates suggesting that we may be underestimating the true bed need.

Implication

Inpatient demand may be met in the short-term, however, population growth will increase use of and demand for these services in the future.

Ambulatory Care

The SPA 6 population has significant needs for all ambulatory/outpatient services.

- Despite indications to the contrary, ~40% of the population in SPA 6 does not have a usual source of care.
 - Compared to other SPAs, SPA 6 had the 2nd highest number of clinics per population (as reported by OSHPD), but many of the PPP clinics are closed to new patients because of capacity constraints.
- The SPA 6 population has a higher need for specialty services compared to LA County.
 - Individuals in SPA 6 reported a higher percentage of asthma, diabetes and hypertension compared to LA County.
 - ~ 50% of people had to wait a month or more to see a specialist.
 - There is a clear shortage of outpatient specialty clinics in SPA 6 including outpatient rehab and surgery (possible exception is dialysis centers).
 - Only 2 hospitals offer diagnostics and treatment modalities.
- Further research will be needed to assess the dental needs of SPA 6 population.

Implication

As the demand for ambulatory care continues to increase, the SPA 6 population is currently most at risk for an inadequate supply of specialty care and D&T services.

Post-Acute Care

For the SPA 6 population, all post-acute care services (Rehab, Skilled Nursing Facilities, and Chemical Dependency Recovery Centers) are in high demand. As the population ages, the demand for these services will only increase.

- There are no designated inpatient or outpatient rehabilitative facilities in SPA 6.
 - In 2005, LAC/Rancho had reported occupancy of ~70% suggesting available capacity in surrounding areas. Rehab services are also available at four acute care facilities in SPA 6.
- There are 2 Skilled Nursing Facilities in SPA 6 and 13 SNFs in the surrounding 10-mile radius.
 - Trends show a decline in discharges from 2002 to 2005 with the highest users being the 65 and over age cohort.
 - In 2005, over 80% of SNF discharges generated by SPA 6 residents took place at facilities located outside of SPA 6.
- Data suggest the demand for outpatient/preventative care CDRCs may be higher for than CDRC inpatient services.

- SPA 6 appears to have more CDRC-related outpatient clinics than expected when compared to other SPAs.

Implication

Current capacity for Rehab and SNF appear to be meeting the demands of the population in the short-term; however, the true need for these services remains to be determined. Existing CDRC clinics may offer the opportunity for additional outreach and preventative care.

Public Health

Health status, preventative health and health outcome indicators suggest SPA 6 is in greater need of public health services than other areas in LA County.

- Several, comprehensive studies have been conducted on public health issues. This assessment draws from all studies, isolating only a few key indicators to show demand for public health services. We offer citations for the detailed studies for those wanting additional information.
- Though the SPA 6 population is worse off than national and state averages for several public health access indicators, evidence of significant overall health improvements have appeared in the last few years of available data.
- 37 Primary Care and Public Health clinics are available in SPA 6 to provide preventative or public health services.

- A large percentage of the clinics offer community services, especially in areas affecting public health (e.g., education, nutrition, outreach, and social services).

Implication

Given the diverse population and resultant differences in utilization of services, determining whether or not public health clinics are meeting the needs of the population remains a challenge. One approach to address this question may be to survey the population on public health issues including access to and quality of care received. Short-term opportunities may include additional outreach and education around existing public health resources.

Target Population

The SPA 6 population is young, growing, and diverse with a higher proportion of low-income and uninsured residents compared to other LAC areas.

- The population in SPA 6 is estimated to grow 1.3% per year over the next few years (higher than U.S. average of ~1.0%).
 - 75% of the population is under 45 suggesting a need for OB/GYN, Trauma/ED, and Public/Preventative Care.
 - While only 8% of the population is 65 and over, this population is forecasted to grow 2.5% or more the next several years

implying a need for cardiac, cancer, ortho and chronic disease services.

- The SPA 6 population has a more diverse population compared to LA County and the US (~ 70% non-white and over 50% Hispanic).
 - Different ethnicities have been shown to have a higher level of health disparities suggesting the need for a wider range of medical services.
- Approximately 60% of the SPA 6 population relies on Medi-Cal or “Other” (e.g., self pay) reimbursement or are indigent. In addition, SPA 6 has the lowest average per capita income compared to other SPAs and LAC (\$11,000 SPA 6 vs. \$26,000 LAC).
 - Under-and uninsured, low-income populations often are more at risk for access to medical services.

Implication

SPA 6 population and demographics indicate a high demand for a wide range of medical services. The resulting impact may be a higher demand on the County/Community to ensure access to County hospitals and clinics for SPA 6 residents.

Women and Children

Medical services for Women and Children are in high demand in SPA 6.

- 35% of the population is less than 18 years old and ~ 50% of the population is female.

- In 2005, on a DRG (Diagnosis Related Group) basis, most of the top 50% of discharges were for women’s and children’s services.
- In 2005, children and women in SPA 6 were worse off compared to LA County on several indicators.
 - Health status for women in SPA 6 declined from 2002/2003 to 2005.
- Given the supply of existing primary care and public health clinics and the preventative care service offerings by acute care facilities, it appears there is adequate capacity (in the short-term) for women’s and children’s services in SPA 6.

Implication

Especially in the case of pediatric care, fewer, high-volume subspecialty programs does not necessarily indicate a lack of capacity, but could indicate more focused, higher quality of care. Future research should be conducted to further assess if the needs of this patient population are being met. Opportunity exists for additional outreach and preventative care for outpatient services.

Mental Health

The SPA 6 population is at risk for mental health problems suggesting a need for mental health services.

- Demographic data suggests SPA 6 residents are in higher need of mental health services when compared to other LA County populations.

- Conflicting data regarding inpatient use:
In 2005, only 26% of SPA 6 residents received MH treatment at SPA 6 facilities.
 - Patients are currently taken to other facilities due to lack of available beds in SPA 6.
 - In contrast, using 2005 inpatient use rates, the demand for psych beds was ~241 beds. In 2005, the total number of psych beds available was 262 (includes King/Harbor) suggesting a surplus of beds available.
- There are at least 32 outpatient facilities available to treat MH patients. An additional 12 facilities are available within a 10-mile radius from SPA 6.

Implication

Despite existing bed capacity, access to an available bed appears to be the real issue. Additional research is needed to further assess the mental health needs (as opposed to demand) of the SPA 6 population. Opportunities exist to educate the population regarding mental health conditions and available resources.

Chronic Disease and the Elderly

Although SPA 6 has a young demography, the 65-and-over population drives much of the demand for and use of medical services.

- The 65-and-over SPA 6 population represents the smallest percentage of the population

(~8%), however, this cohort represents the highest users of services and is estimated to grow ~2.5% per year over the next few years.

- 11 out of 27 hospitals report having senior wellness/geriatric programs within a 10-mile radius of SPA 6.
- The subset of the population itself – Chronic Disease and Elderly – has an expected demand for ~700 inpatient beds, which represents 70% of existing SPA 6 beds (~1,000 beds).

Implication

As the population ages the demand for these services will continue to increase. Additional research may be required in this area. Based on information available, this population could be at risk for access to inpatient and outpatient services in the future.

Recommendations for Next Steps

Factoring in the challenges with the findings throughout this assessment, the following are suggested recommendations for next steps:

Recommendation #1:

- Work towards compiling all data in a central location.

Recommendation #2:

- In drawing conclusions and making related decisions, quantitative data must be combined with qualitative data.

- Continue to advance data collection methods with a focus on capturing real-time information (e.g., train staff, invest in technology, etc.) and filling in gaps that would allow us to better assess the community's overall health.

Recommendation #3:

- Maintain the role of the Advisory Group for continuity and communication.
- Seek out additional feedback to gain a community perspective.

Recommendation #4:

- Learn from current successes and build upon existing SPA 6 community assets.

In KSA's review of a variety of materials, the following statement captures a long-term vision for addressing the unmet health care needs of the South Los Angeles community that will require long-term, sustained commitment:

To move forward on improving the health status of low-income, uninsured South L.A. residents, we should re-envision the fragmented safety net system to address the changing demographics and tremendous unmet health needs in the community. Based on data presented and input from community experts, primary care, public health and mental health should be integrated to create a population-based, chronic disease-focused model of health care delivery.

Current SPA 6 Successes

The Public-Private Partnership program (PPPs) has proven itself to offer efficient, coordinated, high-quality and cost-effective ambulatory care to the county's vulnerable patient population. It allowed LACDHS to increase the number of primary care access points, improve geographic access to services in areas of high need, and provide better care and management of patients with chronic conditions such as diabetes and high cholesterol. [1], [2] These disease management initiatives served as the basis for the county's recently awarded \$54 million Coverage Initiative, Healthy Way LA. [3]

The Southside Coalition of Community Health Centers has partnered with Orthopaedic Hospital to develop the clinical footprint for specialty care that will complement the county's existing delivery system. Starting in January 2007, podiatry has been piloted. To date, nearly 150 patients have been provided podiatry services with waiting times reduced to an average of two weeks as compared to 3 to 6 months previously. [4]

Sources: [1] LACDHS, The L.A. County Medicaid Demonstration Project (Section 1115): Stabilizing the Safety Net: 1995-2005 (June 2005). [2] Leong D, The Power of Partnerships: Solutions Created and Lessons Learned by the Public Private Partnership Program, Community Clinic Association of Los Angeles County (May 2005). [3] LACDHS Office of Ambulatory Care, Public-Private Partnership (PPP) Program – Clinic Status (June 18, 2007). Accessed at www.ladhs.org/ambcare/patients/pdf/clinicstatuslist.pdf. [4] Southside Coalition of Community Health Centers, Early Diagnostic and Intervention Center (2007).



To move forward on improving the health status of low-income, uninsured South L.A. residents, we should... address the changing demographics and tremendous unmet health needs in the community.



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Part 2

Service Area and Target Population

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Geographic Definition of Analyses

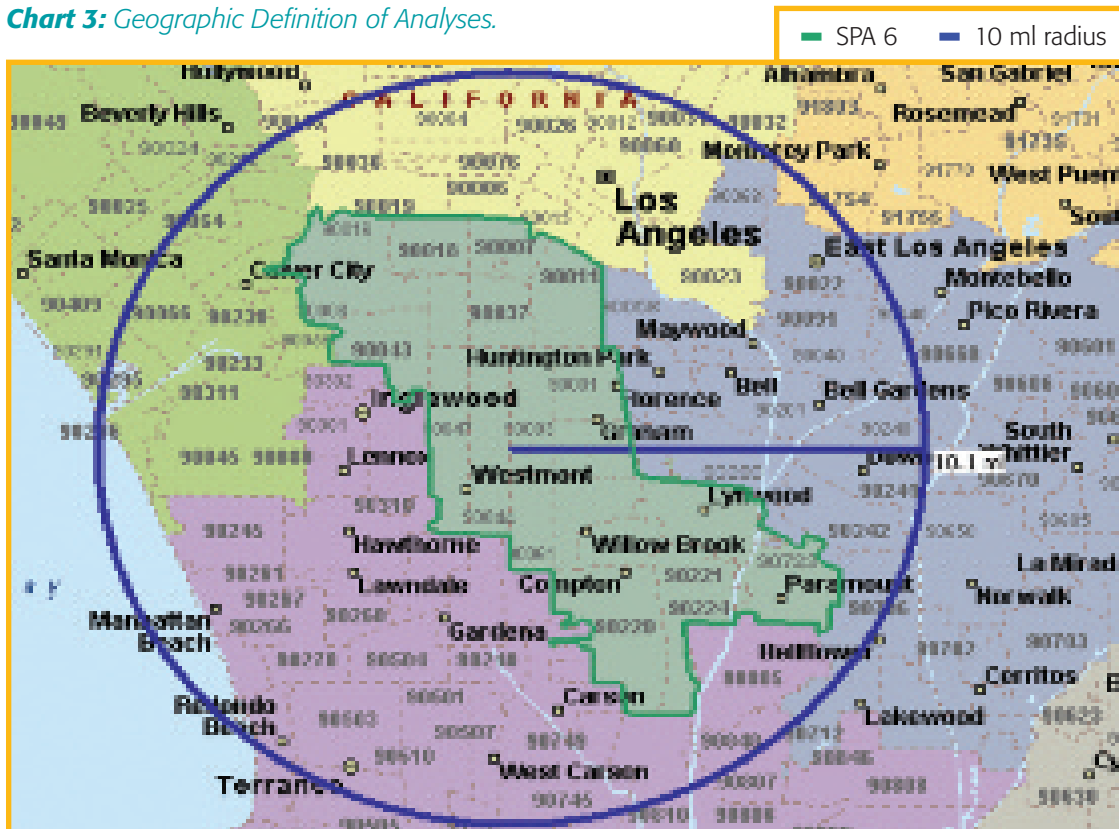
The zip-code definition of SPA 6 is used to conduct the **demand side** of the medical services needs assessment (e.g., population, demographics, use rates, etc.). To understand existing **capacity** and provide a gap analysis, two areas will be assessed:

1. SPA 6 (zip-code level).
2. 10-mile radius around the center which has the highest population density in SPA 6.
(See Chart 3).

Rationale

- Confining the supply of medical services to SPA 6 would underestimate those services available immediately adjacent to or on the borders of SPA 6.
- A 10-mile radius is reasonable considering the geographic barriers and traffic patterns in LA County, though clearly the ability to move 10-miles in a given direction can vary considerably.
 - Lack of transportation and travel time to medical facilities has been identified as a barrier to accessing health care services.

Chart 3: *Geographic Definition of Analyses.*



Source: Patient Assessment Survey III Final Report, Allison L. Diamant, MD, MSHS for the PAS III Research Team (Data collected in 2005).

Characteristics of the Population

The SPA 6 population is estimated to reach ~1.1M in 2007 (net increase of ~ 98,000 people since 2000).

- Growth is projected to slow slightly from 1.4% to 1.3% per year (higher than U.S. ~1.0% per year).
- Growth will continue to be most significant in the older age cohorts.
 - The population between 45 and 64 is estimated to experience the largest percent growth despite the downward trend since 2000 (3.3% CAGR from 2004 to 2009) (See Chart 4).
 - The population over 65 is projected to increase by 2.5%.

SPA 6 demographics are younger than average.

- ~ 75% under 45 is significantly higher than 69% in LA county and 66% nationally.

However, the national impact of an aging population will not be lost on the SPA 6 population.

- The over 65 population has grown from 7% to 8% from 2000 to 2007. (See Chart 5).

Chart 5: Percent of Population by Age Cohort.

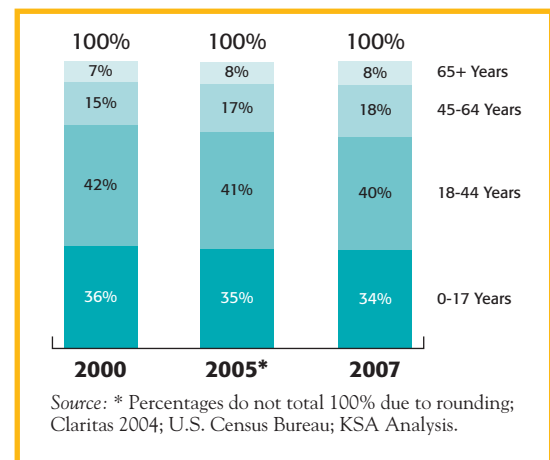


Chart 4: Population and Demographics.

	Age Cohort	2000	2004	2005	2007	2009	# Chg 00-07	CAGR 00-04	CAGR 00-07	CAGR 04-09
AGE	0 - 17	360,649	370,748	373,482	379,056	384,774	18,407	0.7%	0.7%	0.7%
	18 - 44	425,661	438,477	440,888	445,827	450,926	20,166	0.7%	0.7%	0.6%
	45 - 64	151,113	178,731	184,490	196,757	210,104	45,644	4.3%	3.8%	3.3%
	65+	72,510	79,259	81,445	86,063	91,037	13,553	2.2%	2.5%	2.8%
	Total	1,009,933	1,067,215	1,080,305	1,107,703	1,136,841	97,770	1.4%	1.3%	1.3%

2005 and 2007 population estimates based on straight line growth using 04-09 CAGR. 2007 data will be used to assess population and demographics 2005 data will be used for inpatient analysis to coincide with 2005 OSHPD data.

CAGR: Compounded Annual Growth Rate. Source: Claritas 2004; KSA Analysis.

Change in Population

Change in population by zip code indicates strong growth in the central, eastern section of SPA 6.

- Growth in the west and south is significantly less and more sporadic compared to other areas.
- Justifies mid-point location for 10-mile radius surrounding SPA 6.

There is a very small pocket of estimated decline in population to the north. (See Chart 6).

Self Reported Health Status

Using health status as a predictor of health care utilization, it is reasonable to assume that the low health status of the SPA 6 population will drive the increased need and/or use of medical services.

- Based on self-reporting, adults residing in SPA 6 have the lowest health status in LA county.
- One in three adults (33%) reported their health to be “fair” or “poor” in SPA 6, compared to 21% countywide (less than 1 in 4).

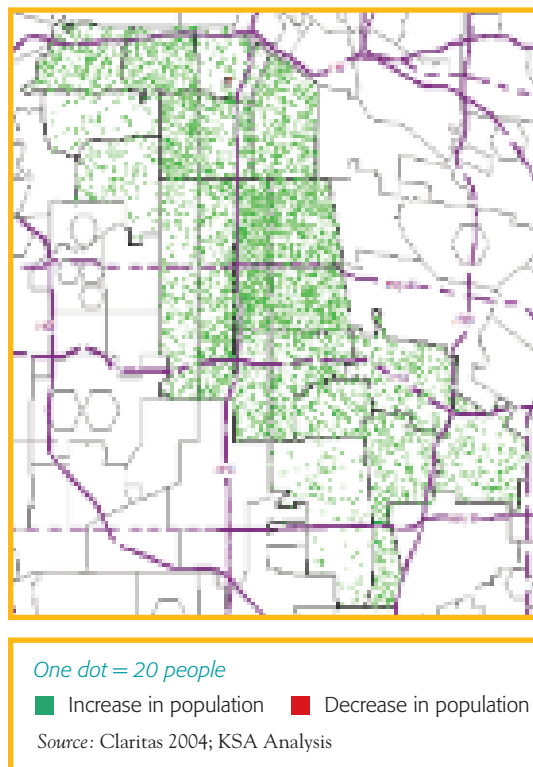
Lifestyle and demographics are contributing factors to overall health status.

- Leading causes of death in LA County were diseases of the heart, cancer and stroke (~56% of all deaths).
- Leading causes of premature death were heart disease, homicide, and motor vehicle crashes.
 - The homicide rate among adolescents and young adults ages 15-34 years in SPA 6 (76% of deaths) is at least

three times higher than the countywide average (25% of deaths) and any other geographic area.

- In 2005, there were ~ 1,400 shooting-related 911 calls in South LA compared to ~ 200-400 calls in each of the surrounding LA regions.
- In 2005, the South Bureau/Southeast Division, had more murders than the total murder count in 15 states.

Chart 6: Change in Population 2000-2007.



Source: LACDHS, Public Health, Key Indicators of Health by Service Planning Area 2002-2003 (March 2004). Retrieved from www.lapublichealth.org/wwwfiles/ph/hae/ha/keyhealth.pdf. LACDPH, Key Indicators of Health (April 2007). Advancement Project, Citywide Gang Activity Reduction Strategy: Phase III Report (March 2007). Mortality in Los Angeles County 2003, LACDPH Publication.

Racial and Ethnic Groups

SPA 6 has the most diverse population compared to all other SPAs. (See **Chart 7** and **Chart 8**).

- Highest percent Non-White Residents.
- Highest percent African Americans.
- Over 60% Latino residents (2nd highest SPA).

Insurance Status

SPA 6 has a higher population of residents that rely on Medi-Cal. (See **Chart 9**).

- Insurance status has been used as a proxy to better understand access to medical services.
- Individuals with minimal or no insurance have been identified as having less routine care, lower rates of immunizations and less access to NICU's for low-birth-weight infants.

Uninsured by SPA

In 2005, SPA 6 had the second highest percent of uninsured compared to other SPAs. (See **Chart 10**).

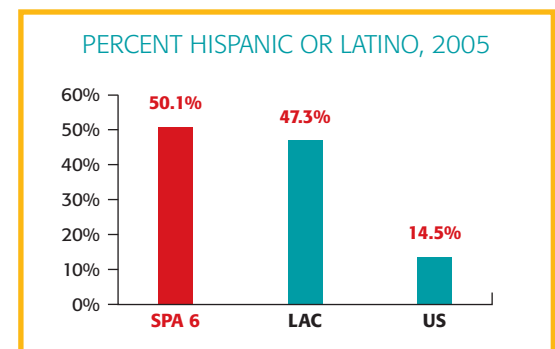
- 22.1% uninsured in SPA 6.

Income

In 2004, the SPA 6 population had the lowest average per capita income compared to other SPAs and LA County. (See **Chart 11a** and **Chart 11b**).

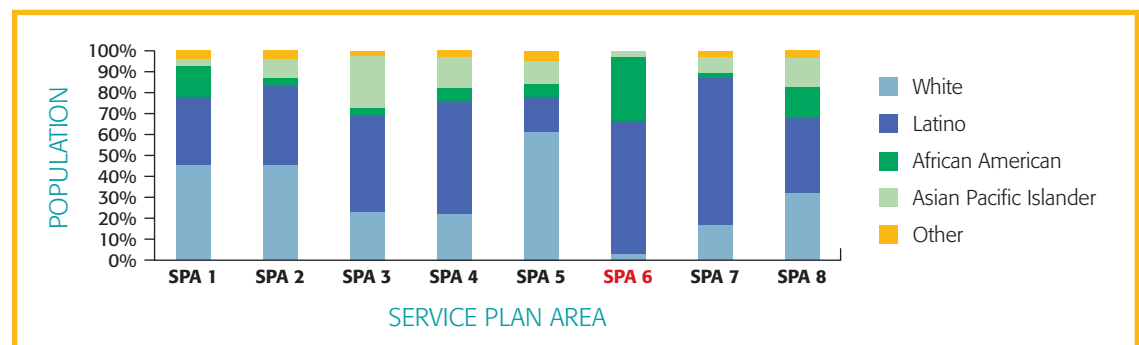
- The income of 56% of the SPA 6 population was less than 200% of federal poverty level (FPL) compared to 33.8% in LAC.

Chart 8: Percentage of Hispanic or Latino Population in SPA 6 compared to L.A. County and U.S., 2005.



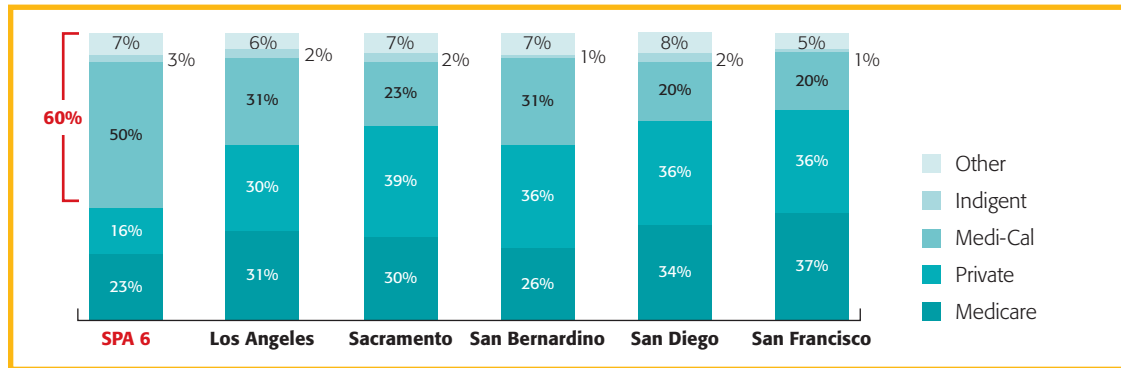
Source: U.S. Census Bureau; KSA Analysis.

Chart 7: Racial and Ethnic Group summary and notes. Los Angeles County and its Service Planning Areas, 2005.



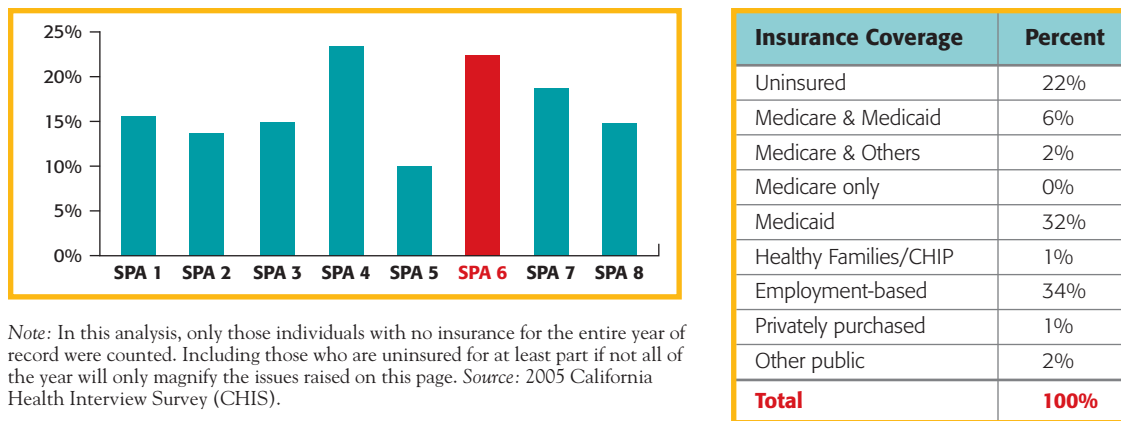
Source: 2007 United Way LA Zip Code Data Book, SPA 6; Patient Assessment Survey III Final Report, Allison L. Diamant, MD, MSHS for the PAS III Research Team (Data collected in 2005); KSA Analysis.

Chart 9: Insurance Status by Geographic Region, 2005.



Note: 2005 OSHPD pay category was used as a proxy to estimate the insurance status of the target populations represented above. Indigent includes: County Indigent programs and Other Indigent. Other includes: Workers' Compensation, Other Government, Self Pay and Other Pay. Source: 2005 OSHPD Inpatient Discharge Data; Patient Assessment Survey III Final Report, Allison L. Diamant, MD, MSHS for the PAS III Research Team (Data collected in 2005).

Chart 10: Percent uninsured by SPA and Type of Coverage, 2005.

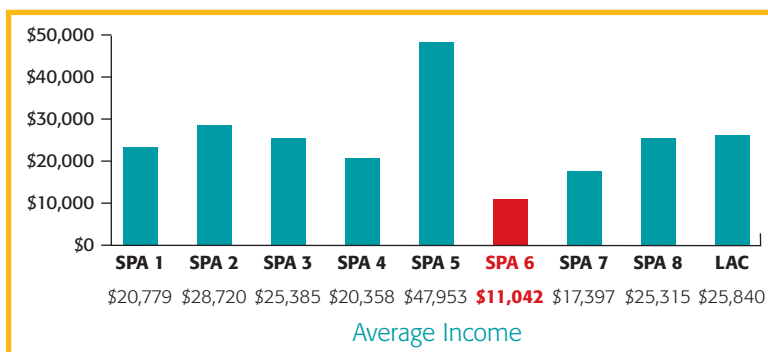


Note: In this analysis, only those individuals with no insurance for the entire year of record were counted. Including those who are uninsured for at least part if not all of the year will only magnify the issues raised on this page. Source: 2005 California Health Interview Survey (CHIS).

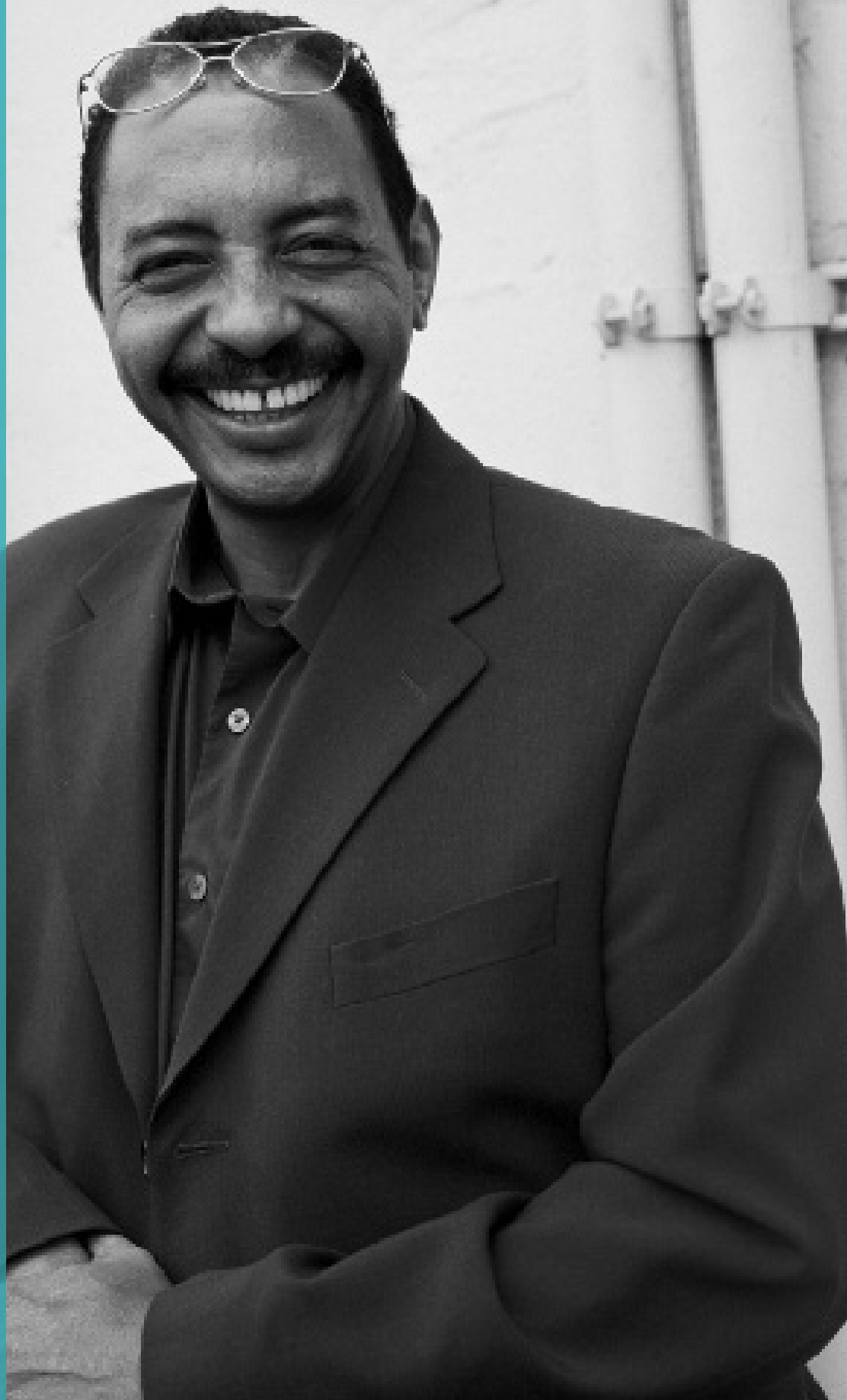
Chart 11a: Est. Poverty Rates **Chart 11b: Average per Capita Income, 2004.**
(18 to 64 Years), 2004.

Location	Below 100% FPL	Below 200% FPL
SPA 6	22.5%	56.1%
SPA 6	133,855	333,734
LA County	13.4%	33.8%
LA County	852,039	2,147,298

Source: Project, Citywide Gang Activity Reduction Strategy: Phase I Report (2006); Claritas 2004, Patient Assessment Survey III Final Report, Allison L. Diamant, MD, MSHS for the PAS III Research Team (Data collected in 2005).



*SPA 6 has the most
diverse populations
compared to all
other SPAs, with a
high percentage of
African Americans.*



Part 3

Health Care Services

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Health Care Services

Trauma and Emergency Services

To assess if residents of SPA 6 have access to trauma and emergent services, we will identify the current demand for these services in relation to the existing capacity of trauma centers and emergency departments.

Indicators of demand include the following:

- Population/demographic characteristics.
- Income/Health Insurance.
- Homicide rates.
- ED treatment station need.

The diverse make up and low income characteristics of the SPA 6 population, coupled to the high homicide rate indicates a relatively high demand for trauma and emergency services.

- Additionally, access to trauma centers/emergency departments is crucial for victims of violent crimes. Using homicides as a proxy to assess the rate of violent crimes, the SPA 6 population is in further demand for trauma/emergent services.
 - In 2003, homicide was the second leading cause of pre-mature death in the County.
 - It was the 4th cause of death and 1st cause of premature death among Hispanics, and;

- The 5th leading cause of death and 1st cause of premature death among African Americans.
- In 2005, SPA 6 had the highest rate of homicides among 15-34 year-olds compared to other SPAs and LAC (75.6% SPA 6 vs. 25.0% LAC).

- From 2002 to 2004, 70% of King/Harbor patients were from SPA 6 and 80% of patients were admitted through the ED.
- African Americans and Whites were found to be more in need of ED services compared to Latinos and Asian/Pacific Islanders (~ 40% vs. 18%).
- ~ 75% of LAC-DHS patients were in need of emergency services (e.g., they felt their condition was an emergency, they were told to go to the ED by their doctor, or they were brought to the ED by ambulance).
- Insured consumers (specifically chronically ill adults and patients covered by Medi-Cal) are most prone to ED use.

In 2004-2005 there was 1 trauma center (St. Francis) and 2 hospitals with EDs (King/Harbor and St. Francis) to serve the population of SPA 6.

- In 2004, SPA 6 had the lowest number of ED treatment stations per 100,000 compared to LAC and other SPAs. (See Chart 12).

Sources: Overuse of Emergency Departments Among Insured Californians, CHCF Issue Brief Oct. 2006; Key Indicators of Health by Service Planning Area, 2007 (LACDPH Publication); Bitler, M and Shi, W., Health Insurance, Health Care Use and Health Status in Los Angeles County, Public Policy Institute of CA 2006; Patient Assessment Survey III, Final Report; King/Harbor Hospital Transition Report, NHF 2005; KSA Analysis.).

- This was prior to the de-designation of King/Harbor as a level I trauma center and the closures of Orthopedic Hospital inpatient/ED services and Suburban Hospital's ED.

The lack of existing capacity coupled with the high demand of the population is consistent with previous findings.

- South Central LA and South East LA (geographically mapping to SPA 6) were consistently ranked highest on a range of indicators to assess populations at risk for access to ED/Trauma services.
- Key indicators include:
 - Highest number of hospitals without EDs.
 - Highest threat of ED closures.
 - Longest ED wait times.

Assuming ED utilization is similar to LA County, 2005 ED treatment station need for SPA 6 is estimated at ~ 100 - 150 stations.

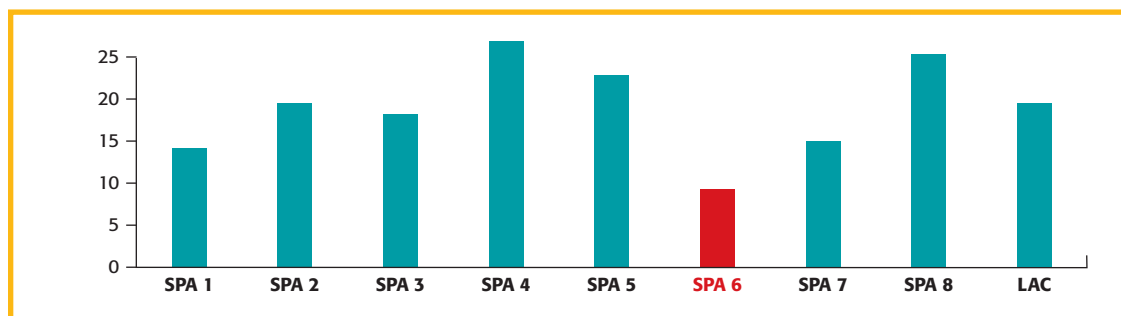
- If national use rates are applied, ED station need increases significantly to ~ 200 to 275 stations. (See Chart 13).
- Current capacity of 59 stations indicates the SPA 6 population is at risk for limited access to emergency services within the SPA 6 zip codes. (See Chart 14).
- Additional capacity, however, may be provided by facilities in the 10-mile radius surrounding SPA 6.
 - There are 2 additional trauma centers (USC and Harbor/UCLA) and 18 hospitals with emergency services (See Appendix).

The population in SPA 6 is at risk for lacking access to trauma and emergency services.

Drivers of ED use include the following:

- Demand for emergent care.
- Lack of access to routine/primary care.
- Convenience – the ED is open 24/7.
- Diagnostic capability/access to specialty care.

Chart 12: ED Treatment Stations per 100,000 population, 2004.



Sources: Kurt Salmon and Associates, Phase II: Data Analysis and Report of Findings, Prepared for the California HealthCare Foundation (May 5, 2005). OSHPD 2002 – 2004 ED Pivot; Claritas 2004; KSA Analysis.

Chart 13: ED Station Need Increase.

2005	2004/2005	2005	Visit/Stn/Year		ED Stn Need	
Population	Use Rates	Visits	Low	High	Low	High
1,080,305	210	226,864	1,500	2,000	113	151
1,080,305	380	410,516	1,500	2,000	205	274

Chart 14: 2004 SPA 6 EMS Data.

Facility	ED Visits	% Visits	% Admits	ED Stns	Revised Stns
LAC KDMC	41,093	32%	10%	29	29
LA METRO	0	0%	2%	0	0
ORTHO HOSP	15,796	12%	11%	7	0
ST. FRANCIS	52,375	41%	5%	30	30
SUBURBAN	18,811	15%	8%	11	0
Total	128,075			77	59

Informing SPA 6 residents about other resources of care (e.g., primary care) may alleviate some of the demand for ED services, however, this particular population is clearly in need of emergent and trauma care.

In addition, the lack of specialty care and diagnostic capabilities, may increase (or at least not decrease) the use of the ED for non-urgent cases which, in the long-term will only exasperate the long wait times for true critical and emergent cases.

Acute Care

Acute Care is defined as inpatient hospital services (beds, procedures, and hospitals by ownership type).

Key demand and capacity indicators include:

- Utilization (inpatient discharges per 1,000 population).

- Bed need based on population and use rates.
- Diseases/discharges by service line.
- Beds-to-population ratios.
- Existing hospitals and beds.

Existing Acute Care Hospitals

There are a total of 4 hospitals in SPA 6 and 25 hospitals within a 10-mile radius surrounding the center of SPA 6. (See **Chart 15**).

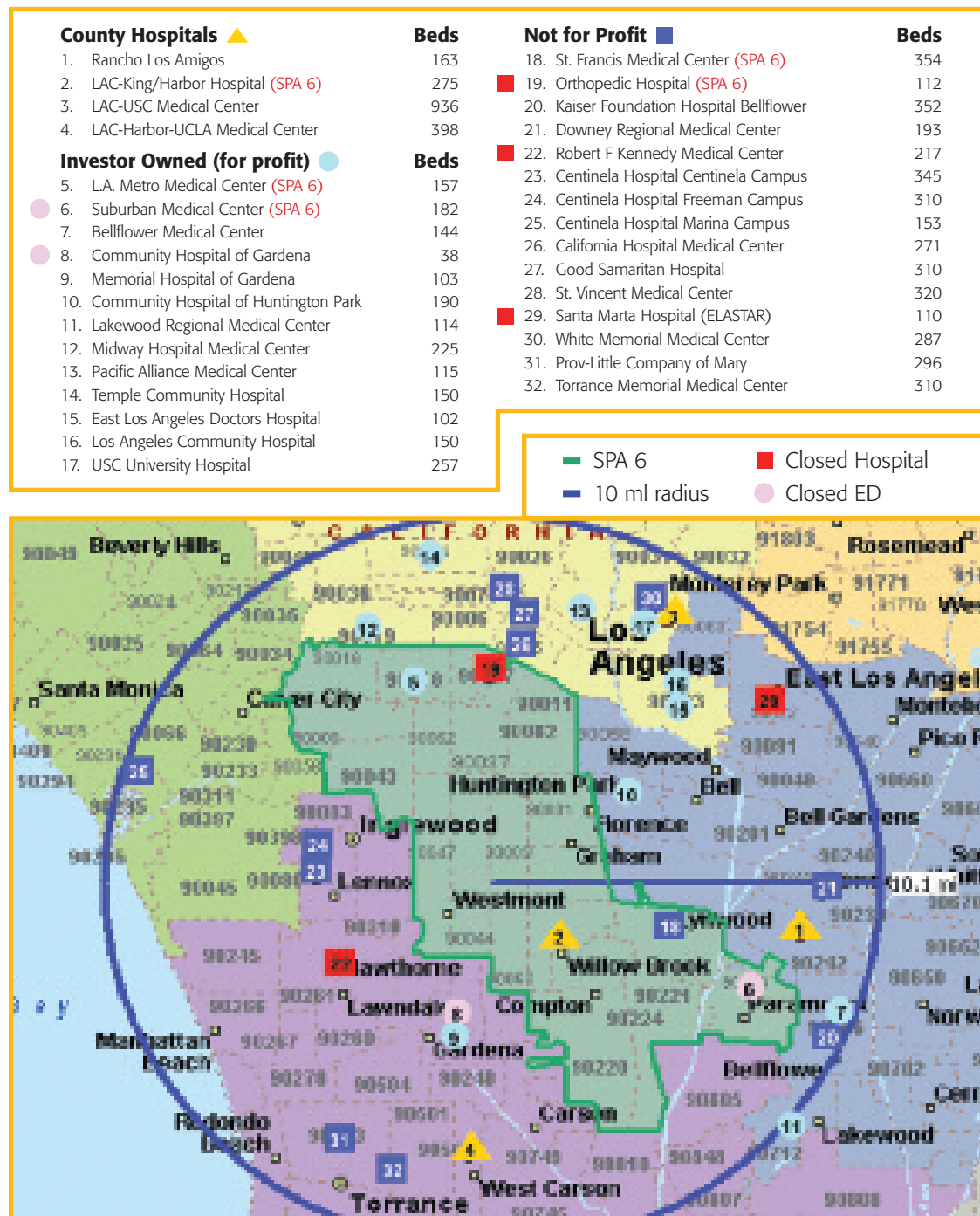
- Type/Ownership: County (4), For-profit (13) and Not-for-profit (12) Since 2004, 3 hospitals closed and 2 hospitals closed their EDs.

Demand for Acute Care Services

In 2005, residents in SPA 6 were the highest users of inpatient services compared to other areas (107 inpatient discharges per 1,000 population). (See **Chart 16**).

Note: Orthopedic hospitals strategically aligned with UCLA for inpatient services. *Sources:* National Hospital Ambulatory Medical Care Survey; 2004 Emergency Department Summary, Advance Data Vital and Health Statistics, CDC Jun 23, 2006; OSHPD 2002 – 2004 ED Pivot; Claritas 2004; KSA Analysis.

Chart 15: Existing Acute Care Hospitals.



Source: 2005 OSPHD Inpatient Discharge Data; 2007 AHA Guide, 2006 Solucient Guide; KSA Analysis.

- SPA 6 is similar in its use of health services compared to Los Angeles and San Bernardino Counties (locations with similar demographic characteristics).

Current inpatient utilization shows the significant increase in inpatient care required as the population ages.

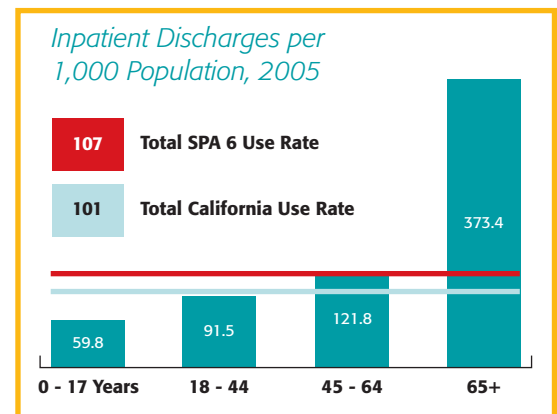
- Future use rate will reflect change in aging population.

2005 bed need for SPA 6 residents is estimated at ~2,100 beds. (See Chart 17).

- Given that individuals 65 and over are the highest users of medical services, it is not

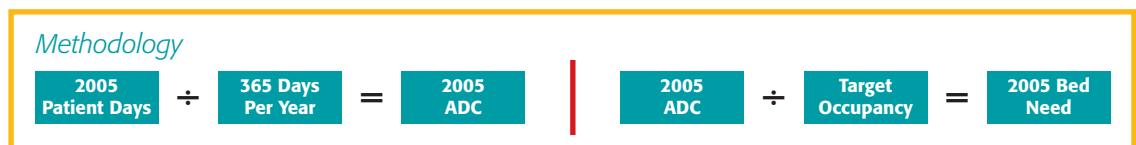
Chart 16: SPA 6 similar in use of health services compared to other counties.

County	2005 Population	Acute Care Discharges	Use Rate
SPA 6	1,080,305	115,428	107
Los Angeles	9,758,886	1,027,237	105
Sacramento	1,337,942	132,896	99
San Bernardino	1,916,665	203,926	106
San Diego	2,824,259	269,652	95
San Francisco	719,077	72,481	101
CA	36,457,549	3,673,824	101



Note: Los Angeles County Population in table above is from 2005 Census to maintain consistency with other County benchmarks.
Source: Claritas 2004 (2005 Est.); 2005 U.S. Census Bureau; OSPHD 2005 Inpatient Discharge Data; KSA Analysis.

Chart 17: 2005 Bed Need.



Notes: Bed need based on 2005 patient days originating from SPA 6 zip codes; assumes target occupancy of 75%.

	Age Cohort	2005 Population	2005 Discharges	2005 Use Rates	ALOS	Patient Days	ADC	Bed Need
AGE	0 - 17	373,512	22,353	59.8	5.77	29,071	354	471
	18 - 44	440,939	40,429	91.7	3.51	142,001	389	519
	45 - 64	184,606	22,512	121.9	5.44	122,532	448	
	65+	81,486	30,133	369.8	6.21	187,220	513	684
	Total	1,080,543	115,428	106.8	5.03	580,824	1,591	2,122

Source: Claritas 2004 (2005 Est.); 2005 OSPHD Inpatient Discharge Data; KSA Analysis.

Note Los Angeles County Population in table above is from 2005 Census to maintain consistency with other County benchmarks.
Source: Claritas 2004 (2005 Est.); 2005 U.S. Census Bureau; OSPHD 2005 Inpatient Discharge Data; KSA Analysis.

surprising that this age cohort drives the largest need for acute care beds (~680 beds).

- ~470 beds are needed for the young adult/pediatric populations (age 0-17).
- *Note: Bed NEED defined as DEMAND for acute care beds based on current utilization patterns. Does not assess if beds are available upon need.*

Use of Acute Care Services

SPA 6 use of acute care services changed little from 2002 to 2005. (See Chart 18).

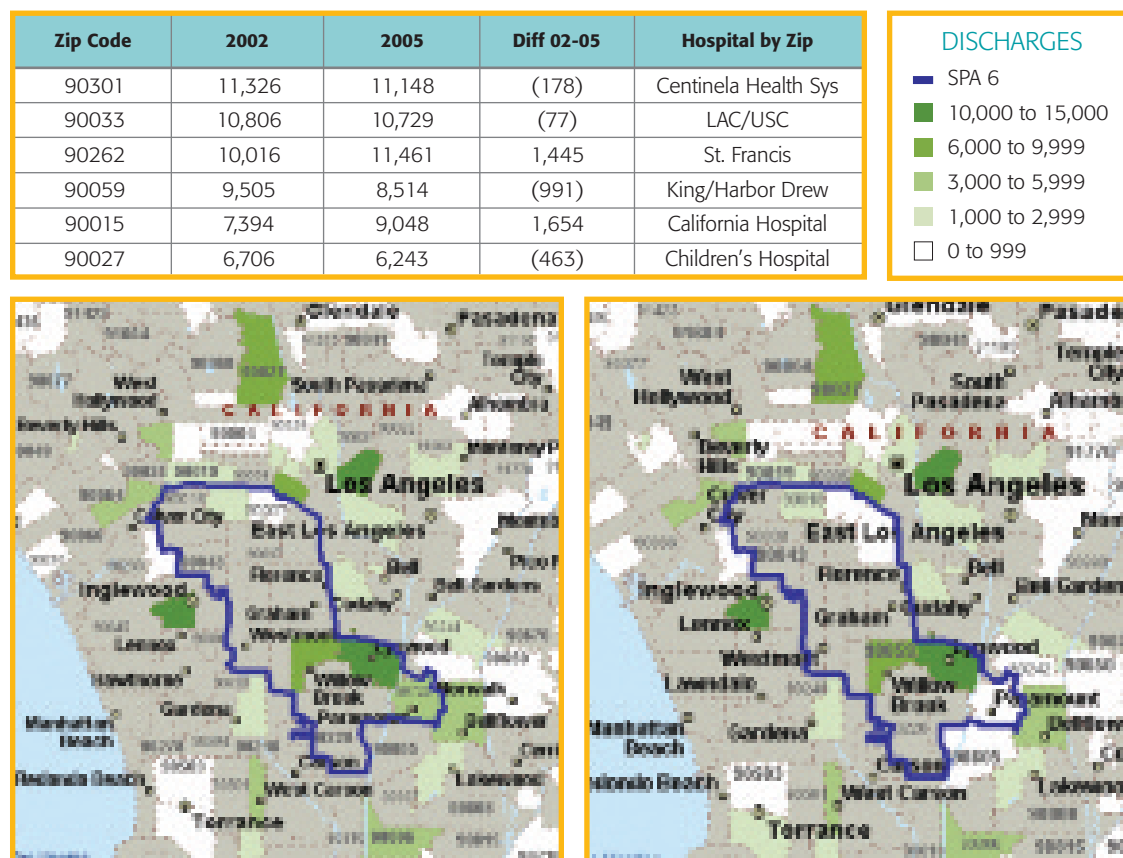
- 50% of discharges were generated in the same six zip codes.

- Many residents travel outside of SPA 6 for acute care services.

Key changes include:

- Increase in discharges at St. Francis and California Hospital.
- Decrease in discharges at King/Harbor Hospital.

Chart 18: 2002 and 2005 SPA 6 Patient Destination by Zip Code.



Source: 2005 OSPHD Inpatient Discharge Data; 2007 AHA Guide, 2006 Solucient Guide; KSA Analysis.

Patients residing in SPA 6 generated ~115,500 discharges in 2005. (See Chart 19).

- 10% of patients sought medical services at St. Francis Medical Center.
- 80% of SPA 6 resident discharges took place at 23 different hospitals, but less than a quarter of these discharges (23%) were at the three hospitals located in SPA 6. (See Chart 20).

Analysis of the top 50% of discharges originating from SPA 6 indicate that most patients seek medical services for pregnancy/childbirth,

Chart 20: 80% of SPA 6 Discharges.

SPA	DC	%DC
4	35,698	39%
8	22,282	24%
6	21,612	23%
7	6,580	7%
5	6,073	7%
1	0	0%
2	0	0%
3	0	0%
Subtotal	92,245	100%

Chart 19: 2005 OSHPD Inpatient Discharges Data.

Hospital Name	Discharges	Percent	SPA
St. Francis Medical Center	11,461	10%	6
California Hospital Medical Center-Los Angeles	9,048	8%	4
Los Angeles Co Martin Luther King Jr/Drew Medical Center	8,514	7%	6
Los Angeles Co USC Medical Center	6,471	6%	4
Centinela Freeman Regional Medical Center-Centinela Campus	6,269	5%	8
Los Angeles Co Harbor-UCLA Medical Center	4,930	4%	8
Centinela Freeman Regional Medical Center-Memorial Campus	4,879	4%	8
Cedars Sinai Medical Center	4,456	4%	4
Kaiser Fnd Hospital-West LA	4,445	4%	5
Kaiser Fnd Hospital-Bellflower	4,145	4%	7
Good Samaritan Hospital-Los Angeles	2,864	2%	4
White Memorial Medical Center	2,576	2%	4
Community and Mission Hospital of Hntg Pk-Slauson	2,435	2%	7
Kaiser Fnd Hospital-Sunset	2,280	2%	4
Pacific Alliance Medical Center, Inc.	2,151	2%	4
Earl and Lorraine Miller Childrens Hospital	2,135	2%	8
Kaiser Fnd Hospital-Harbor City	2,109	2%	8
Hollywood Presbyterian Medical Center	2,077	2%	4
Memorial Hospital of Gardena	1,960	2%	8
Los Angeles Community Hospital	1,889	2%	4
Children's Hospital of Los Angeles	1,886	2%	4
Los Angeles Metropolitan Medical Center	1,637	1%	6
Brotman Medical Center	1,628	1%	5
Subtotal	92,245		
Other	23,183	20%	
Total	115,428	100%	

Source: 2005 OSHPD Inpatient Discharge Data; 2007 AHA Guide; 2006 Solucient Guide; KSA Analysis.

respiratory care, and circulatory disorders; however, a full spectrum of services are needed to serve the population. (See Chart 21).

- 39% of the top 50% of discharges were for women's and children services.
- The top 50% of discharges by DRG (Diagnosis Related Group) is similar to CA with the exception of Simple Pneumonia and Major Joint Procedures (most likely a reflection of the younger demographic profile in SPA 6).

Acute Care Gaps in Services

Coupling demand with existing supply there is a need for ~1,200 additional beds in SPA 6 suggesting this population is at risk for access to available inpatient beds. (See Chart 22).

- If additional capacity can be provided by surrounding hospitals, the bed deficit diminishes; however, this does not factor in the communities currently being served by those hospitals.

Acute Care Key Findings

Is there enough acute care capacity available to satisfy the demand for services?

- Patients originating from SPA 6 zip codes tend to use health services at a same rate as populations with similar characteristics (e.g., diverse population, low-income, high dependency on Medi-Cal and indigent care) such as Los Angeles County and San Bernardino County.
- Total estimated bed need, based on current utilization, for SPA 6 in 2005 is ~ 2,100 beds.

- The number of existing beds available in SPA 6 today suggests this population is at risk for limited access to inpatient services.

However....

- SPA 6 residents tend to seek care at hospitals in the neighboring communities.
 - This has been a consistent trend, with slight variations, since 2002.

Implications

- As the population continues to grow the demand for medical services will continue to increase.
- Existing hospitals will need to ensure bed availability for the communities they currently serve.
- Due to data limitations, it could be that the need for acute care services is greater than the demand, suggesting a higher bed than specified.

Ambulatory Care

Ambulatory care is defined as outpatient visits and clinics (primary care and specialty care) as well as outpatient diagnostic and treatment volumes and modalities (e.g., surgery, endoscopy, cath and imaging).

While few methodologies exist to measure, reliably, demand for ambulatory services, several indicators have been identified, including:

- Usual source of care.
- Wait times for an appointment.
- Ambulatory care-sensitive conditions (ACS).
- Visits per population.

Chart 21: Analysis of the top 50% of discharges originating from SPA 6.

DRG	DRG Description	DC
373	Vaginal Delivery w/o Complicating Diagnoses	12,469
371	Cesarean Section w/o cc	5,708
127	Heart Failure & Shock	4,592
143	Chest Pain	2,602
390	Neonate w other Significant Problems	2,578
89	Simple Pneumonia & Pleurisy Age >17 w cc	2,296
88	Chronic Obstructive Pulmonary Disease	2,272
98	Bronchitis & Asthma Age 0-17	2,045
416	Septicemia Age >17	1,760
370	Cesarean Section w cc	1,573
383	Other Antepartum Diagnoses w Medical Complications	1,543
14	Intracranial Hemorrhage or Cerebral Infarction	1,515
182	Esophagitis, Gastroenteritis & Misc Digest Disorders Age >17 w cc	1,458
316	Renal Failure	1,405
174	Gastrointestinal Hemorrhage w cc	1,354
395	Red Blood Cell Disorders Age >17	1,347
294	Diabetes Age >35	1,335
372	Vaginal Delivery w Complicating Diagnoses	1,332
91	Simple Pneumonia & Pleurisy Age 0-17	1,253
475	Respiratory System Diagnosis w Ventilator Support	1,223
320	Kidney & Urinary Tract Infections Age >17 w cc	1,186
359	Uterine & Adnexa Proc for Non-Malignancy w/o cc	1,128
389	Full Term Neonate w Major Problems	1,117
296	Nutritional & Misc Metabolic Disorders Age >17 w cc	1,018
204	Disorders of Pancreas except Malignancy	999
209	Major Joint & Limb Reattachment Procedures of Lower Extremity	995
50% Total Discharges		58,103

MDC	Description	DC	%
14	Pregnancy, Childbirth, & The Puerperium	22,625	39%
4	Respiratory System, Diseases & Disorders	9,089	16%
5	Circulatory System, Diseases & Disorders	7,194	12%
15	Newborns and Neonate Conditions Began in Perinatal Period	3,695	6%
6	Digestive System, Diseases & Disorders	2,812	5%
11	Kidney and Urinary Tract, Diseases & Disorders	2,591	4%
10	Endocrine, Nutritional, and Metabolic, Diseases & Disorders	2,353	4%
18	Infectious & Parasitic Diseases	1,760	3%
1	Nervous System, Diseases & Disorders	1,515	3%
16	Blood, Blood Forming Organs, Immunological, Diseases & Disorders	1,347	2%
13	Female Reproductive System, Diseases & Disorders	1,128	2%
7	Hepatobiliary System & Pancreas, Diseases & Disorders	999	2%
8	Musculoskeletal System & Connective Tissue, Diseases & Disorders	995	2%
50% Total DC		58,103	100%

Patients are seeking treatment for 13 of the 28 Major Diagnostic Categories suggesting a need for a range of health care services.

Source: 2005 OSPHD Inpatient Discharge Data; KSA Analysis.

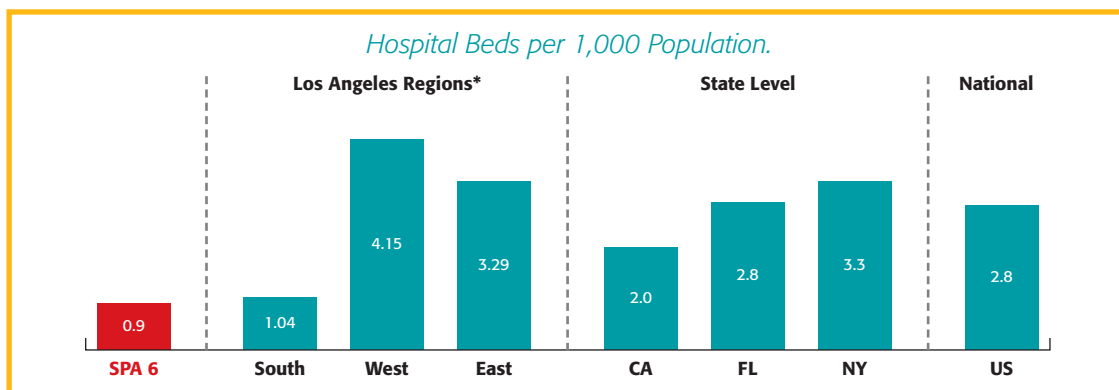
Chart 22: Beds per population, 2005.

	2005 Population	Bed Need	Existing SPA 6 Beds	Surplus (Need)	Existing Beds (10-mile)	Surplus (Need)
Beds	1,080,543	2,122	968	(1,154)	6,069	3,947
Beds Per 1,000 Population		1.96	0.90		5.62	

The existing beds per 1,000 population in SPA 6 is 0.9.

This is consistent with similar findings indicating that South Los Angeles (South Central and Southeast LA)* is at risk for being under-bedded (1.04 per 1,000 population).

Although geographically overlapping, it is apparent that South Los Angeles has significantly fewer beds per population compared to West LA, East LA, CA and the US.



- Physician-to-population ratios.
- Imaging use rates per population.

Demand for Ambulatory Services

Usual Source of Care (USOC)

In 2005, ~40% of the SPA 6 population reported NOT having a USOC compared to ~ 20% in LAC thereby suggesting the SPA 6 population is

either in need of more routine care services or additional information on available resources.

- Having a USOC is an indication that individuals will receive the necessary medical care for acute, chronic and preventative health needs.
- African Americans and those without insurance are less likely to have a USOC

*Los Angeles Regions based on mapping for CHCF ED/Trauma Assessment; Rational for assessing beds per population: "Inpatient beds density is one of the few available indicators on a component of level of health service delivery." WHO. Sources: Kurt Salmon and Associates, Phase II: Data Analysis and Report of Findings, Prepared for the California HealthCare Foundation (May 5, 2005). Kaiser State Health Facts, Hospitals per 1,000 beds, 2004; CHCF.

compared to other races/ethnicities and those with insurance.

- The high percentage of African Americans and under/uninsured in SPA 6 puts this population further at risk for limited access to a USOC**.

- In 2004, primary care providers reported difficulty finding specialists to accept referrals for community health center patients, who are typically uninsured or on Medi-Cal.
- In 2007, 25% of PPP clinics reported that they were unable to accept new patients due to capacity constraints.

Access/Wait Times

- Long wait times indicate the supply of ambulatory services (whether physicians or clinics) is not meeting the demands of the population.
- Wait times are significantly longer for seeing a specialist than for seeing a routine / primary care provider. (See Chart 23).
 - A 2005 survey of patients in LA County* waiting rooms indicated that:
 - 44% of LA County patients were able to see a routine/primary care provider at their convenience.
 - Only 25% of patients were able to see a specialist in a week or less.
 - 50% of patients had to wait a month or more.
 - Another 2005 study found average wait times of 6 months to 1 year for specialty services based on information from PPPs that primarily refer to county facilities.
- The primary reasons for long wait times include both capacity constraints and physicians unwilling to accept referrals:

Chart 23: Average Wait for Specialty Referral Appointment.

Type of Adult Specialty Referral	Average Wait for Appointment
Breast Specialty (under 35 years)	6-9 months
Cardiology	9 months – 1 year
Dermatology	6 months**
Ear, Nose & Throat	6-9 months
Endocrinology/Nephrology	6-9 months*
GI	6 months – 1 year
GYN	6-9 months
Neurology	6-9 months
Oncology	6-9 months
Ophthalmology	6-9 months**
Orthopedics	6 months- 1 year
Podiatry	6 months
Rheumatology	6 months*
Surgery	9 months – 1 to 2 years
Ultrasound Abdominal/Uterine	6-9 months
Urology	9 months – 1 year

* County hospital may not accept – patient may be deemed, “not sick enough,” to meet clinical protocol requirements.

** Being considered for Telemedicine.

Source: Margolis L, Lowet P and Thorfinnson T, *Multi-Specialty Clinic Feasibility Study for the Southside Coalition of Community Health Centers*, Lia Margolis and Associates (December 15, 2005)

Sources: Patient Assessment Survey III, Final Report; LACHS Trends South LA, 2005; provided by LA Health Action (Los Angeles County Health Survey); LACDHS Office of Ambulatory Care, Public-Private Partnership (PPP) Program – Clinic Status (June 18, 2007); Felt-Lisk S, McHugh M and Thomas M, Examining Access to Specialty Care for California’s Uninsured: Full Report, California HealthCare Foundation, (June 2004), retrieved from www.ladhs.org/ambcare/patients/pdf/clinicstatuslist.pdf; Margolis L, Lowet P and Thorfinnson T, *Multi-Specialty Clinic Feasibility Study for the Southside Coalition of Community Health Centers*, Lia Margolis and Associates (December 15, 2005).

* No significant variation was reported by SPA, gender, race/ethnicity, insurance status or facility type.

** SPA 6 has been designated as a medically underserved area and a state Medi-Cal services shortage area.

Ambulatory Care-Sensitive Conditions

The high demand for specialty services coupled with a potential shortage of outpatient care suggest the SPA 6 population is in need of more specialists/specialty care facilities. (See Chart 24).

- ACS conditions such as asthma, diabetes, and hypertension have emerged as potential indicators of poor access to outpatient care.
- In 2005, the SPA 6 adult population had a higher percent of people reporting asthma, diabetes, and hypertension compared to Los Angeles County.
- The diverse make-up of the SPA 6 population may account for the higher incidence/prevalence of these diseases.
 - As noted earlier, Latinos/Hispanics have a higher prevalence of diabetes while African Americans tend to have a higher prevalence of hypertension.

Ambulatory Care Utilization and Visit Volume Trends

Although total visits have declined since 2003, use of SPA 6 ambulatory facilities remains high, especially for uninsured adults. The County provides more care through health centers as

opposed to hospitals and private, community based providers through the Public-Private Partnership program (PPPs).

- There has been an overall decrease in county-funded ambulatory care visits to uninsured adults from 2000 to 2005.
 - PPP visit volume provided in SPA 6 increased significantly in the same time period (89% increase based on one five-year study).
- SPA 6 has the highest utilization rate of county-funded visits by uninsured adults.
- The majority of county-funded Ambulatory Care visits to adults in SPA 6 took place at LACDHS-operated health centers (almost 3 times more visits than at LACDHS hospitals and PPPs combined).
 - This is in contrast to LA County (use of facilities by type is approximately equal).
- The percent of county-funded uninsured visits compared to total uninsured adults may indicate that a relatively small number of uninsured patients are driving a disproportionate share of ambulatory visits, a situation which has been documented in other urban areas.

Chart 24: SPA 6 Asthma, Diabetes and Hypertension Rates.

Area	Asthma Cases	Asthma (%)	Diabetes Cases	Diabetes (%)	Hypertension Cases	Hypertension (%)
SPA 6	48,000	7.2%	77,000	11.7%	192,000	29.0%
Los Angeles County	472,000	6.5%	588,000	8.1%	1,700,000	23.4%

Source: LACHS Trends South LA, 2005; provided by LA Health Action (Los Angeles County Health Survey); Grumbach et al., Primary Care Resources and Preventable Hospitalizations in California retrieved from www.ucop.edu on 2/7/2007; County-funded Ambulatory Care Utilization for Uninsured Adults in Los Angeles County, LA Health Action, Feb. 2007.

- 21% of county-funded visits by uninsured adults took place at SPA 6 facilities (2nd highest compared to other SPAs); range was 2% in SPA 5 to 25% in SPA 4)).
- But only 12% of LA County's uninsured adults live in SPA 6.

Patient Origin

There is minimal data around patient origin for ambulatory care. The map (See Chart 25) depicts patient origin for some of the South Coalition Clinics. Interestingly, one of the clinics (Eisner Pediatric) is located in SPA 4, but ~65% of their patients are from SPA 6.

Primary Care Clinics

Clinics per Population

In 2005, SPA 6 had the second highest number of clinics per population and highest number of visits per population (despite being ranked 6th in terms of total population). (See Chart 26). Compared to other SPA's this suggests a higher use (or need) for primary care services.

- SPA 4 had ~420 physician encounters / 1,000 pop.
 - One explanation could be supply driving demand (54 clinics).
 - Also the day time population is much greater than the resident population.

Chart 25: Patient origin of South Coalition Clinics.

Central City Health Center				
90011	90255	90003	90002	90001
Eisner Pediatrics & Family Medical Center				
90019	90007	90011	90015	90006
South Central Family Health Center				
90001	90011	90037	90044	90003
T.H.E. Clinic Inc.				
90018	90016	90043	90062	90008
UMMA Community Clinic				
90037	90002	90003	90044	90001
Watts Healthcare				
90220	90059	90044	90003	90002
St. John's Family Health Center				
90016	90007	90018	90006	90011
90037	90044	90062	90003	90001
90222	90220	90221	90059	90061



Sources: LACHS Trends South LA, 2005; provided by LA Health Action (Los Angeles County Health Survey); Grumbach et al., Primary Care Resources and Preventable Hospitalizations in California retrieved from www.ucop.edu on 2/7/2007. Advisory Group Commentary and Coalition Data regarding Patient Draw Areas. 2005 OSHPD PCC Utilization Data, Sept. 2006; LACDHS Clinic Listing.

- SPA 7 had ~ 80 encounters/1,000 pop.
 - The higher number of clinics (26) combined with higher population suggests less use/need for these services compared to SPA 6. (See Chart 27).

Supply of Primary Care Clinics

- There are a total of 35 primary care clinics in SPA 6 with 59 additional primary care clinics in the surrounding 10-mile radius of SPA 6 (see Appendix).
- In 2005, 23 clinics were classified by OSHPD as primary care in SPA 6.
 - 19 offered physician visits.
 - 4 offered dental services.
 - 2 offered psychiatry services.
 - 4 offered psychology services.
 - 1 clinic did not have physician visits (Planned Parenthood).

- 50% of patient encounters took place at 3 clinics (Watts Health Center, Compton Central Health Clinic and USC Park Health Center) while 80% of patient encounters occurred in 8 clinics. (See Chart 28).

Specialty Care Clinics

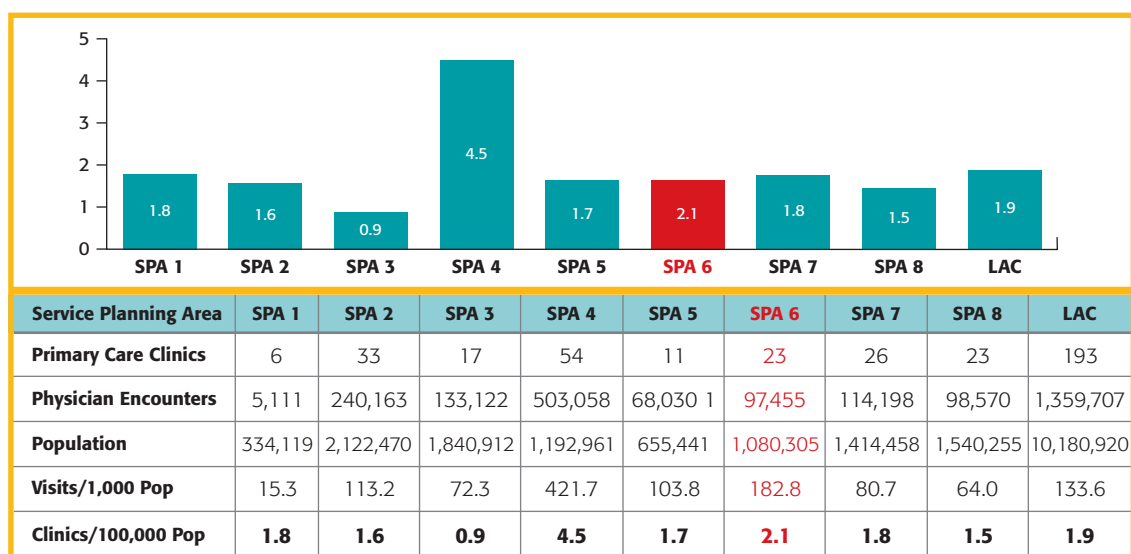
Supply of Specialty Clinics

SPA 6 has a shortage of outpatient specialty clinics with the possible exception of dialysis centers. (See Chart 29).

To assess the supply of specialty clinics, three sources of data were analyzed:

- Specialty care clinics reported by OSHPD.
- Hospital outpatient services.
- Private, stand-alone facilities.

Chart 26: PC Clinics per 100,000 Population, 2005 By Service Planning Area.



Note: Limitations to data – only includes those clinics reporting to OSHPD (see next page for total number of clinics)
 -- “encounters” and “visits” may not be entirely synonymous given that some visits may include more than one encounter.
 2005 OSHPD PCC Utilization Data, Sept. 2006; 2004 Claritas (2005 Est.).

Chart 27: Primary Health Clinics.

Primary Health Clinics

1. Baart Community Healthcare (BCH)-Southeast Clinic
2. California Family Care Medical Group Clinica Para las Mujer
3. California Family Care Medical Group King Center Clinic
4. California Family Care Medical Group, Foshay Clinic
5. Central City Community Health Center
6. Central Neighborhood Medical Group
7. Compton Central Health Clinic, Inc.
8. Dollarhide Health Center
9. Dual Diagnosis Assessment and Treatment Center Inc.
10. H. Claude Hudson Comprehensive Health Center
11. Holmes Avenue School Health Center*
12. Hubert H. Humphrey Comprehensive Health Center
13. Martin Luther King, Jr./Harbor Hospital
14. Orthopaedic Hospital Outpatient Medical Center
15. Planned Parenthood Los Angeles-Dorothy Hecht Center
16. Sacred Heart Family Medical Clinics
17. South Central Family Health Center
18. South Central Family Health Center-Accelerated School
19. St. Anthony Medical Center/Imperial Clinic
20. St. John's WC&FC-Compton Clinic
21. St. John's WC&FC-Cesar Chavez/Harriet Tubman Alternative School
22. St. John's WC&FC-Bunche Middle School

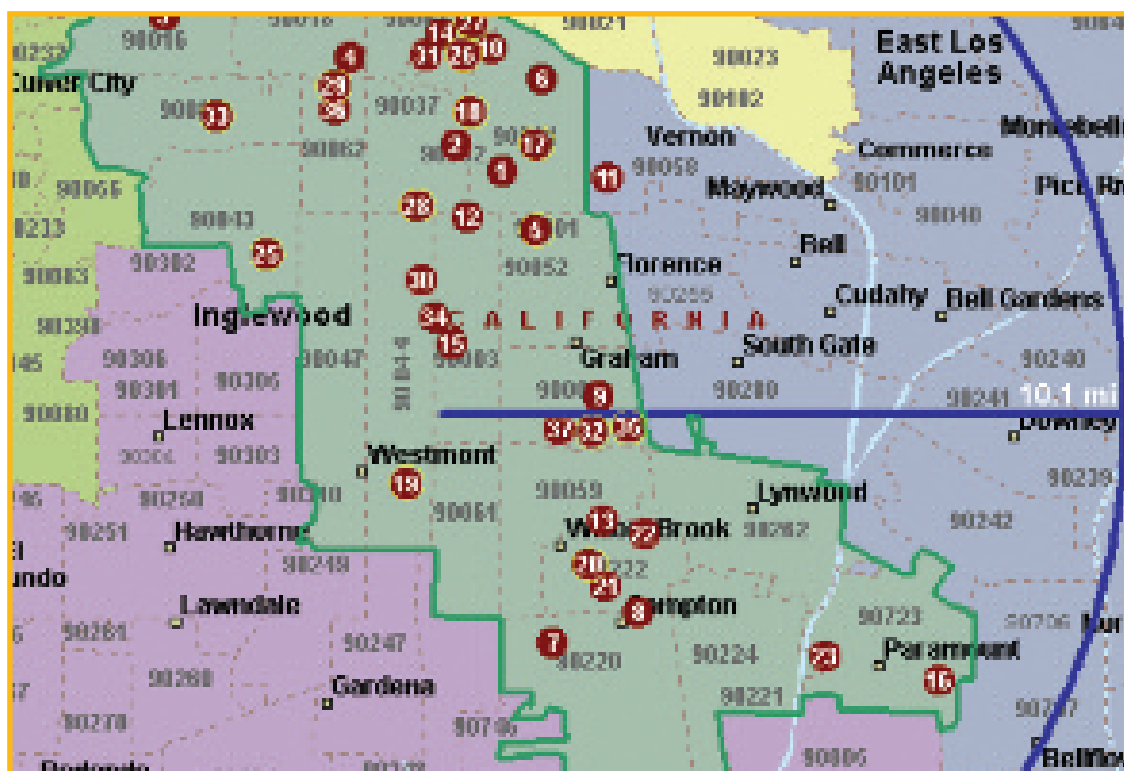
23. St. John's WC&FC-Dominguez High School
24. St. John's WC&FC-Lincoln High School Clinic
25. St. John's WC&FC-Hyde Park School and Fam Clinic
26. St. John's WC&FC-Downtown Clinic
27. St. John's WC&FC-Downtown Dental & Orthopedic
28. St. John's WC&FC-Dr. Louis Frayser Community Clinic
29. T.H.E. Clinic at Ruth Temple Health Center
30. UMMA Community Clinic
31. USC-University Park Health Center
32. Watts Health Center
33. Watts Health Center-Crenshaw Community Health Center
34. Watts Health Center-House of Uhuru
35. Watts Health Center-Magic Johnson School Based Health Clinic

Public Health Clinics

37. Ruth Temple Health Center
36. South Health Center

Service Planning Areas

- San Gabriel
- Metro
- West
- South
- East
- South Bay/Harbor
- SPA 6
- 10 ml radius
- FQHC



See Appendix for Clinic details.

Source: 2005 OSHPD PCC Utilization Data, Sept. 2006; LACDHS Clinic Listing; Feedback from Advisory Group.

- County specialty care service wait time information was not available.

There were a total of 14 specialty clinics recognized by OSHPD in 2005.

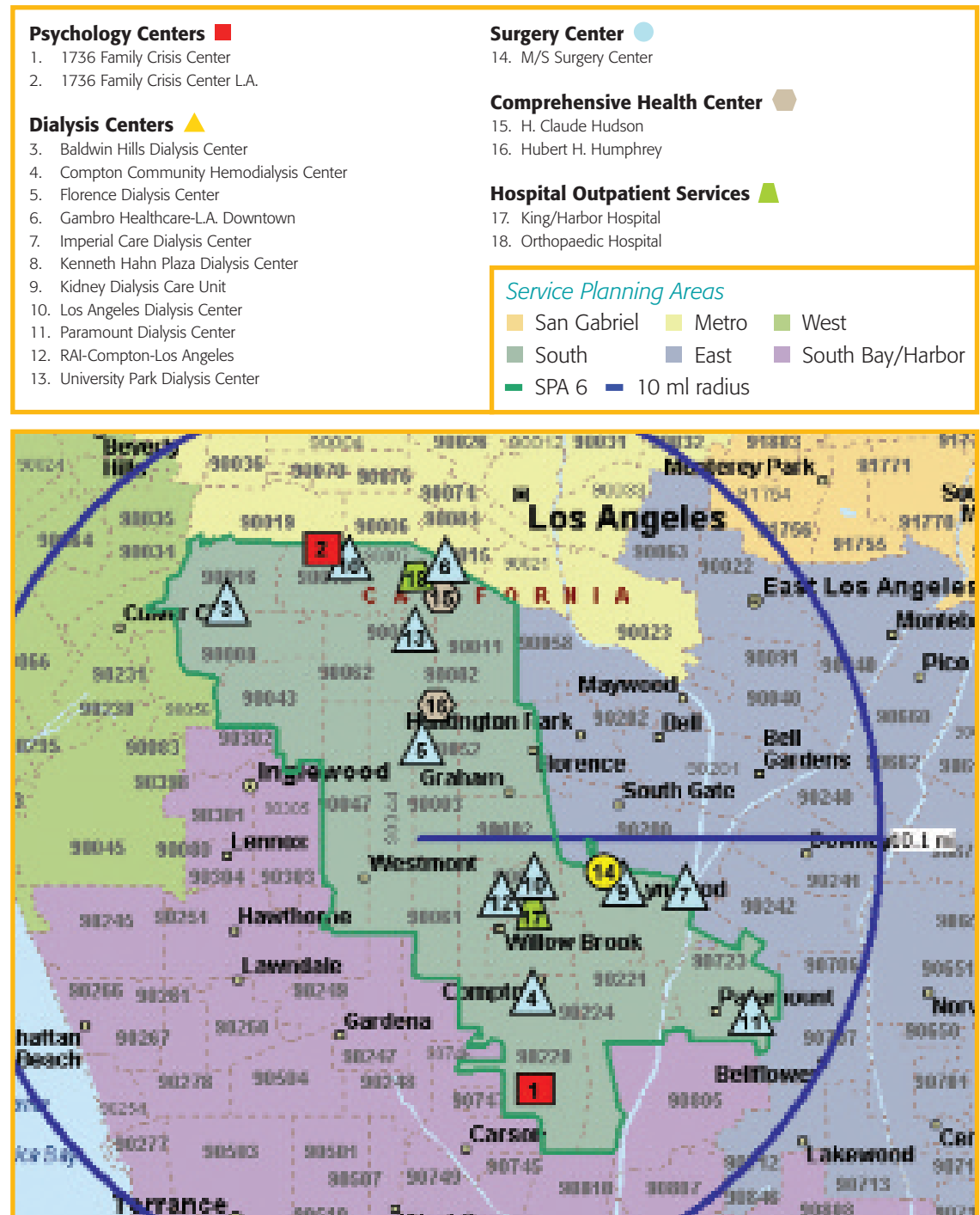
- OSHPD classifies specialty clinics as dialysis, psychology, rehabilitative and surgery.
 - SPA 6 has an adequate supply of dialysis centers (if visits were generated from SPA 6, this population has the second highest users of these services).
 - The two Psychology clinics are family crisis centers and will be discussed with Mental Health.
 - SPA 6 is clearly lacking in stand-alone outpatient rehab and outpatient surgery facilities compared to other SPAs. (See Chart 30).
- The supply of Specialty Clinics is not limited to those who report to OSHPD. (See Chart 31).
- Of the four hospitals in SPA 6, both St. Francis and LA Metro Medical Center provide outpatient services (physicians visits and procedure/diagnostic care).
 - The level of services provided by Promise/Suburban Campus, King/Harbor Hospital and Orthopedic Hospital are unknown at this time.
 - Two clinics (H. Claude Hudson and Hubert H. Humphrey) offer comprehensive services.
 - There are also 55 additional clinics within a 10-mile radius surrounding SPA 6 and 15 private/stand alone outpatient surgery centers.
 - The concern for the SPA 6 population given the high percentage of under/uninsured is that 51 out of the 55 clinics are investor owned.
 - Coupled with the 15 private clinics, these clinics may not be the most reliable in providing care to the majority of the SPA 6 population.

Chart 28: 2005 OSHPD Inpatient Discharges Data.

Facility Name	PCP Enc.	% Enc	Cumm %
Watts Health Center	74,921	20%	20%
Compton Central Health Clinic, Inc.	58,243	16%	36%
USC-University Park Health Center	50,289	14%	50%
South Central Family Health Center	38,545	11%	61%
St. Johns Well Child Center/Compton	20,891	6%	66%
St. Johns Well Child And Family Center	20,806	6%	72%
T.H.E. Clinic, Inc.	15,910	4%	76%
Central City Community Health Center	15,852	4%	81%
Other Clinics	70,457	19%	100%
Total	365,914	100%	

Source: 2005 OSHPD PCC Utilization Data, Sept. 2006; LACDHS Clinic Listing.

Chart 29: Specialty Care Clinics.



Source: 2005 OSPHD Inpatient Discharge Data; 2007 AHA Guide, 2006 Solucient Guide; KSA Analysis.

Chart 30: Supply of Specialty Clinics.

SPA	Population	Dialysis			Psychology			Rehab			Surgery		
		Clinics	Visits	Utilization	Clinics	Visits	Utilization	Clinics	Visits	Utilization	Clinics	Visits	Utilization
1	334,119	5	528	1.58							4	9,241	27.66
2	2,122,470	22	3,329	1.57				4	1,041	0.49	19	43,502	20.50
3	1,840,912	29	66,544	36.15							18	44,395	24.12
4	1,192,961	12	3,094	2.59				1	307	0.26	9	10,371	8.69
5	655,441	4	760	1.16	3	5,441	8.30				30	53,400	81.47
6	1,080,305	11	3,692	3.42	2	1,453	1.34				1	1,150	1.06
7	1,414,458	15	2,700	1.91							5	5,839	4.13
8	1,540,255	22	3,379	2.19	1	1,617	1.05				13	34,633	22.49
Total LA	10,180,920	120	84,026	8.25	6	8,511	0.84	5	1,348	0.13	99	202,531	19.89

Note: Not shown is Orthopedic Hospital with provides rehabilitative services to children (this was included in Primary Care Data).
Source: 2005 OSHPD Specialty Utilization Data, Sept. 2006; LACDHS Clinic Listing.

Chart 31: Supply of Specialty Clinics.

Category	Clinics
OSHPD	
Dialysis	30
Psychology	1
Rehabilitation	1
Surgery	23
Private Clinics	
Private Specialty Clinics	15

Note: Not shown is Orthopedic Hospital with provides rehabilitative services to children (this was included in Primary Care Data).
Source: 2005 OSHPD Specialty Utilization Data, Sept. 2006; LACDHS Clinic Listing.

Diagnostic and Treatment

The SPA 6 population shows a need for all D&T modalities. (See Chart 32).

- Largest demand is for IP/OP surgery, endoscopy, general radiology, ultrasound, mammography and MRI.
- Supply of D&Ts for SPA 6 will be primarily through hospital outpatient services and clinics (See appendix for list of private surgery

centers and diagnostic imaging centers within or surrounding SPA 6).

Hospital Outpatient Services

- Only St. Francis and LA Metro offer clinic visits in both primary and specialty care as well as comprehensive imaging modalities. (See Chart 33).

Dental Care

To determine if the dental needs of the SPA 6 population are being met, we used the inability of patients to access these services as a proxy. (See Chart 34).

- SPA 6 has a higher percent of adults and children reporting that they are unable to receive dental care due to cost compared to LA County. (See Chart 35).
 - Continued trend from 2002 to 2005.
 - Of note, the percentage of children declined from 2002 to 2005.

Chart 32: Service Planning Area 6 Diagnostic and Treatment Need.

Modality	2005 Est. Volumes	Planning Standard Room Capacity		Rooms Needed Low High	
Surgical Services					
Inpatient Surgery	65,899	1,000	1,200	54.9	65.9
Outpatient Surgery	92,906	1,200	1,500	61.9	77.4
Endoscopy	37,811	1,200	1,500	25.2	31.5
Diagnostic Cath	7,778	1,800	2,200	3.5	4.3
Imaging					
Bone Density	16,760	1,850	2,500	6.7	9.1
CT	80,560	7,500	8,500	9.5	10.7
Dx Nuclear Medicine	11,830	3,000	4,000	3.0	3.9
Echocardiography	45,574	1,850	2,500	18.2	24.6
MRI	52,076	2,500	3,000	17.4	20.8
Mammo	120,104	4,000	5,000	24.0	30.0
Nuclear Cardiology	18,957	2,000	3,000	6.3	9.5
Gen Rad	413,133	8,000	9,000	45.9	51.6
PET	532	1,200	1,500	0.4	0.4
Ultrasound	35,934	4,000	4,500	30.2	34.0

Source: 2004 Claritas (2005 Population Est.); Imaging Economics use rates; KSA Analysis.

Chart 33: Outpatient services provided by the hospitals in SPA 6.

Category	LAC King/Harbor Hospital
LAC King/Harbor Hospital	<ul style="list-style-type: none"> In transition/To be determined.
LA Metro Medical Center	<ul style="list-style-type: none"> Clinic Visits: 350 physicians representing over 50 subspecialties – offer comprehensive services. Surgery: Inpatient and outpatient surgery. Imaging: General Rad/Fluoro, Nuclear Medicine, MRI, CT, Ultrasound, Mammography, special procedures. Community outreach – immunizations, screenings, mental health, education.
St. Francis	<ul style="list-style-type: none"> Clinic Visits: Primary Care and OB/GYN offered at 6 different clinics (331 medical staff with over 45 specialties). Surgery: Inpatient and outpatient surgery. Imaging: General Rad/Fluoro, Nuclear Medicine, MRI, CT, Ultrasound, Mammography, and Peripheral Angiography. Community outreach – immunizations, screenings, mental health, education.
Promise – Suburban Campus	<ul style="list-style-type: none"> Clinic Visits: Unknown. Surgery: Inpatient and outpatient surgery. Imaging: Unknown. Hospital focuses on cardiopulmonary and surgical services; converted ED to an UC in 2004.
Orthopaedic Hospital	<ul style="list-style-type: none"> Closed Inpatient Services (merged with UCLA); Provides outpatient Orthopaedic services for Children.

Source: Hospital websites; LACDHS - King/Harbor.

Chart 34: Trends in Dental Care 2002-2005.

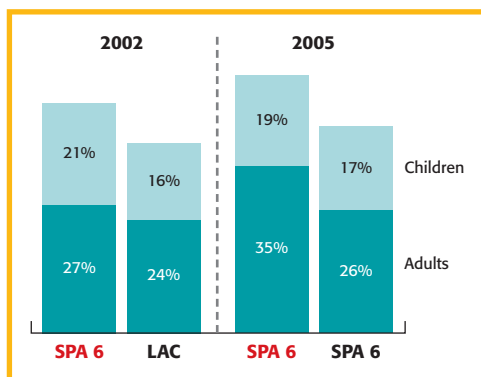
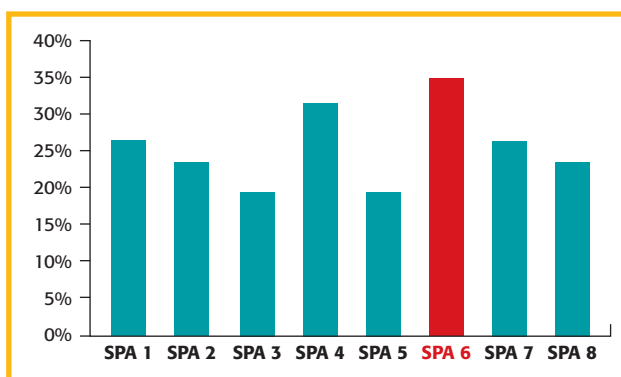
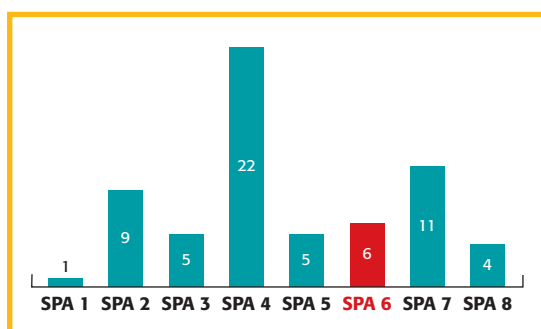


Chart 35: Percent Adults Unable to Obtain Dental Care due to Cost, 2005.



Source: 2005, 2002-03, 1999-00, 1997 Los Angeles County Health Surveys; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health; Commentary from Advisory Group; KSA Analysis.

Chart 36: OSHPD Clinics reporting Dental Encounters, 2005.



Notes: Dental encounter to be used as a proxy for clinics offering dental services. Source: 2005 OSHPD PCC Utilization Data, Sept. 2006; LACDHS Clinic Listing; LA Dental Society www.ladental.com; LACDPH oral health program; KSA Analysis.

- Opposite trend compared to the county overall.
- SPA 6 continues to have the highest percent of adults unable to receive dental care compared to other SPAs.

Previous County studies indicate that the need for dental services is higher than the data suggests and the key issues are both access and affordability.

Current dental resources available to the SPA 6 community include:

- Six SPA 6 clinics that had at least one dental encounter in 2005. (See Chart 36).
- 2-3 PPP's in SPA 6 offer dental services under contract.
- 24 PPP clinics in LA County that provide dental services to DHS patients.
- The LA Dental Society has two clinics that offer low cost care (see Appendix for coverage area).
- The Department of Public Health sponsors the Oral Health Program whose goal is to prevent the diseases of the oral cavity in Los Angeles County residents.
 - The programs current focus is on public water fluoridation, prevention of Early Childhood Caries (ECC), and increasing the access to the dental care for residents of the County.

- Medi-Cal offers Denti-Cal to help provide dental coverage for individuals insured by Medi-Cal.

Ambulatory Services Key Findings

Primary Care

- ~ 40% of the population in SPA 6 does not have a usual source of care.
- If capacity does not continue to grow with demand, problems will increase.

Specialty Care

- The percent of patients with ACS's such as asthma, hypertension and diabetes indicate high demand for specialists.
- Long wait times for specialists coupled to the lack of county/public-funded clinics indicate the SPA 6 population is at risk for access to outpatient rehab, surgery, and specialty care clinics.

Diagnostic and Treatment

- The SPA 6 population is in need of all D&T modalities including, surgery, general radiography, mammography and ultrasound.
- Given the demographics of the population, the supply of these services will most likely be through hospital-based outpatient facilities. With only 2 hospitals offering these services, it appears the needs of the population are not being met or are at risk for not being met in the near future.

Dental Care

- There are mixed views on whether or not the dental needs of SPA 6 are being met. Surveys indicate that cost, not lack of access, is the

primary reason for not seeing a dentist; however, other studies show patients are not able to access nor afford dental care.

Post Acute Care

Post Acute services are defined as Inpatient/ Outpatient Rehab, Skilled Nursing Facilities and Chemical Dependency Recovery Care. (See **Chart 37**).

To determine if the existing supply meets the current demand for post acute services the following indicators will be assessed:

- Existing capacity for Rehab, SNF, and CDRC's.
- Health care use for Rehab, SNF and CDRC's.
 - Trends from 2002 to 2005.
- Use rates by age cohort to assess demand for Rehab and SNFs.
- Mortality rates as a proxy to assess demand for rehab services.
- Alcohol and drug use as a proxy to assess demand for CDRC's.

Skilled Nursing Facilities

The demand for SNFs in SPA 6 appears to be relatively low but may increase as the population ages.

- From 2002 to 2005, the number of discharges originating in SPA 6 decreased from ~2,600 to ~1,800. (See **Chart 38**).
- In 2005, highest users of SNF services were individuals 65 and over.
- While this age cohort represents only 8% of the population, it is forecasted to grow ~2.5% or

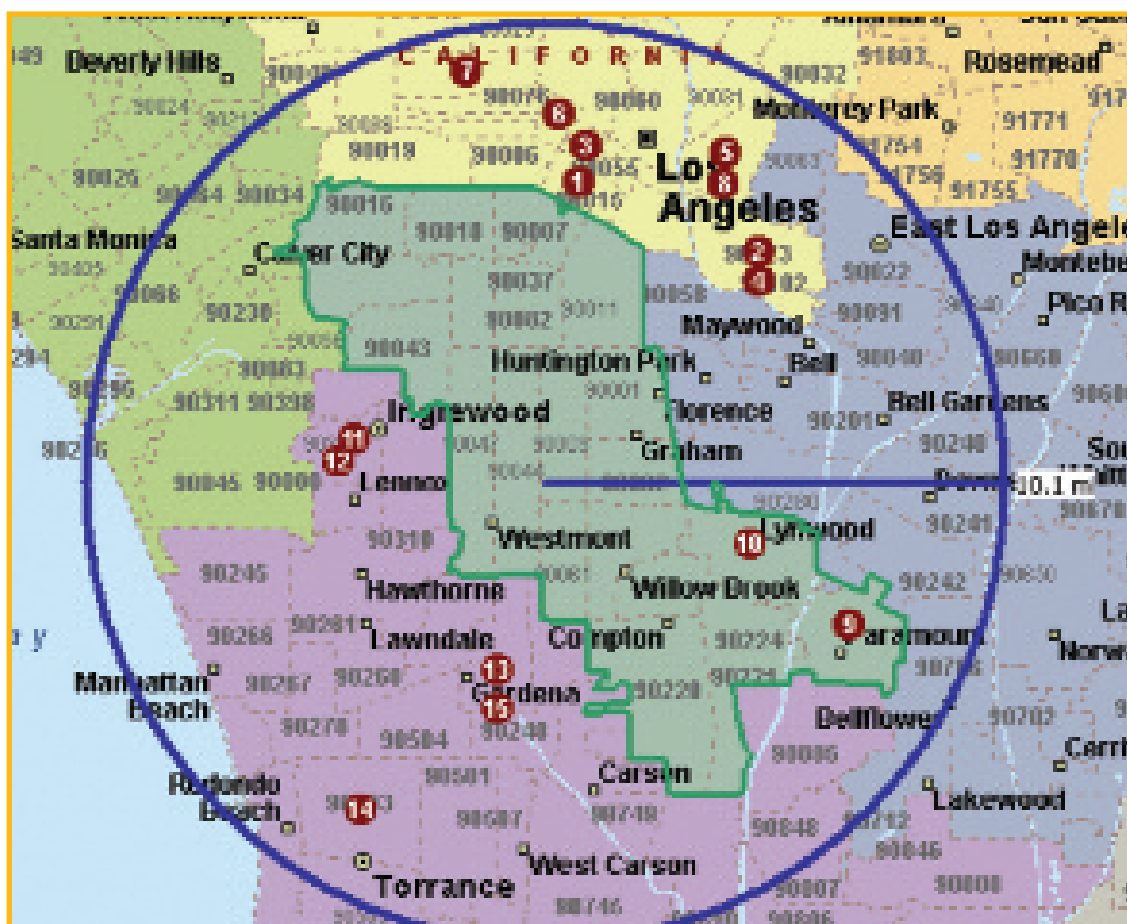
Chart 37: There are 2 SNF's in SPA 6 and 13 additional SNFs in the surrounding 10-mile radius.

Psychiatric Centers ●

- | | |
|---|--|
| 1. California Hospital Medical Center-Los Angeles | 9. Promise Hospital of East L.A.-Suburban Campus |
| 2. East Los Angeles Doctors Hospital | 10. St. Francis Medical Center |
| 3. Good Samaritan Hospital-Los Angeles | 11. Centinela Freeman Regional Medical Center-Centinela Campus |
| 4. Los Angeles Community Hospital | 12. Centinela Freeman Regional Medical Center-Memorial Campus |
| 5. Promise Hospital of East L.A.-East L.A. Campus | 13. Community Hospital of Gardena |
| 6. St. Vincent Medical Center | 14. Little Company of Mary Hospital |
| 7. Temple Community Hospital | 15. Memorial Hospital of Gardena |
| 8. White Memorial Medical Center | |

Service Planning Areas

- | | | | | | |
|-------------|--------------|------|-------|------|------------------|
| San Gabriel | Metro | West | South | East | South Bay/Harbor |
| SPA 6 | 10 ml radius | | | | |



See appendix for detail.

Source: 2005 OSHPD Inpatient Discharge Data.

Chart 38: 2005 SPA 6 SNF Discharges and Use Rates per 1,000 Population.

Age	SNF DC	Use Rate
0 - 17	0	0.00
18 - 44	135	0.31
45 - 64	427	2.31
65+	1,278	15.69
Total	1,840	1.70

Chart 39

SPA	DC	% DC
8	790	43%
4	673	37%
6	321	17%
2	23	1%
7	15	1%
Other	13	1%
3	5	0%
1	0	0%
5	0	0%
Total	1,840	100%

Notes: Bed need based on 2005 patient days and assumes occupancy target of 90%. Source: OSHPD HAFD 1205 profile HIRC 10/12/06; OSHPD 2005 Inpatient Discharge Data; KSA Analysis.

Chart 40: 2005 SPA 6 Rehab Discharges and Use Rates per 1,000 Population.

Age	Rehab DC	Use Rate
0 - 17	20	0.05
18 - 44	66	0.15
45 - 64	296	1.60
65+	717	8.81
Total	1,099	1.02

Notes: Bed need based on 2005 patient days and assumes occupancy target of 90%. Source: Key Indicators of Health by Service Planning Area, 2007 (LACDPH Publication); OSHPD 2005 inpatient discharge data; KSA Analysis.

more per year over the next few years suggesting higher demand for these services in the future.

- SNF bed need for SPA 6 is estimated at ~ 86 beds; in 2005, there were 64 beds reported in SPA 6

(St. Francis – 30 beds and PROMISE/Suburban – 34 beds) indicating a potential shortage of ~ 20 beds. (See Chart 39).

- However, there are 13 additional hospitals within a 10-mile radius of SPA 6 with ~450–500 licensed SNF/Intermediate beds.
- Given that 80% of SNF patients sought care outside SPA 6 and that access to SNF/Intermediate care is not urgent, it is reasonable to conclude that the existing capacity is adequate to serve the SPA 6 population in the near-term.

Rehabilitative Services

The SPA 6 population is in demand for both inpatient and outpatient rehab services, which is likely to further increase as the population ages.

- In 2002, total rehab discharges originating in SPA 6 were ~ 1,200 which is only slightly higher than the 1,100 discharges generated in 2005.
- Determining if this is due to lower demand for services or lack of supply remains to be investigated; however, based on the health status of the population, it may be the latter.
 - In 2005, the SPA 6 population had the highest mortality rates for cardiovascular disease and stroke and 2nd highest for motor vehicle crashes.
 - Using mortality rates as a proxy for demand for rehab services, the SPA 6 population is in need of several types of rehabilitative services including physical therapy, cardiac rehab and neurological rehab capabilities.
- In 2005, the highest users of rehab services were individuals 65 and over. (See Chart 40).

- While this age cohort represents only 8% of the population, it is forecasted to grow 2.5% or more per year over the next few years suggesting higher demand for these services in the future.

- Bed need for inpatient post-acute rehab services for SPA 6 is estimated at ~ 60 beds; in 2005, there were 0 inpatient beds reported in SPA 6.

Although there are no designated inpatient rehabilitative facilities in SPA 6; there are resources available to serve this population. (See Chart 41).

Inpatient Services

- There are 7 facilities within the surrounding 10-mile radius of SPA 6 that offer inpatient rehab services. (See Chart 42).
- In 2005, SPA 6 residents generated ~ 1,100 rehab discharges (~80% of discharges were generated at 7 facilities). (See Chart 43).
 - 5 of these facilities are within the 10-mile radius.
- Top 3 facilities include LAC/Rancho Los Amigos, Centinela Freeman – Memorial Campus, and Brotman Medical Center.
 - In 2005, LAC/Rancho reported an occupancy percent of ~ 70% suggesting additional available capacity.

Outpatient Services

Four facilities are available to provide outpatient rehab services in SPA 6.

Chemical Dependency

Using the rate of alcohol and drug use as a proxy to assess demand, the demand for substance abuse treatment facilities in SPA 6 has declined over the past few years. (See Chart 44).

- In 2002/2003, the alcohol and drug use rate per 100,000 population for SPA 6 was 11.2.
 - This was higher than all other SPAs and LAC (9.6) suggesting a high demand for access to substance abuse services.
- In 2005, the rate of unintentional drug related deaths in SPA 6 significantly decreased to 5.1.
 - This is below the median compared to other SPAs and less than LAC (5.5).

In 2005, there were no inpatient beds for chemical dependency recovery centers in SPA 6.

- Most SPA 6 patients received care in nearby locations (SPA's 3, 5, and 8).
- Inpatient utilization has changed little from 2002 to 2005 (~ 300 discharges in both years).
 - Whether this is due to low demand or a lack of capacity remains to be determined.

On an outpatient basis, there were 5 clinics in SPA 6 offering community outreach for substance abuse and 2 clinics with substance abuse contact FTEs.

- This is slightly above the median compared to other SPAs indicating that resources are available, but these clinics may offer opportunity for additional outreach and preventative care.

Chart 41: Rehabilitative Services.



King/Harbor not shown due to transition status.

Source: 2005 OSHPD Inpatient Discharge Data; 2005 OSHPD Specialty Utilization Data, Sept. 2006; LACDHS Clinic Listing.

Post-Acute Key Findings

The SPA 6 population is in need of all post acute services (SNF, IP/OP Rehab, and CDRC's) and as the population ages the demand for these services will most likely increase.

- One of the largest risk factors for this population will be access to inpatient rehab beds.
 - Individuals in surrounding communities will begin competing for these services thereby decreasing existing bed availability (e.g., higher occupancy percentages for hospitals such as LAC/Rancho).

Chart 42: 2005 Rehab DC by SPA.

SPA	DC	% DC
3	359	33%
5	233	21%
4	191	17%
8	165	15%
Other	74	7%
2	68	6%
7	9	1%
1	0	0%
6	0	0%
Total	1,099	100%

Chart 43: 2005 Rehab Discharges.

SPA	Hospital Name	DC	% DC	% Cumm
3	LAC/Rancho Los Amigos National Rehab Center	259	24%	24%
5	Centinela Freeman Regional Medical Center-Memorial Campus	232	21%	45%
4	Brotman Medical Center	107	10%	54%
8	Good Samaritan Hospital-Los Angeles	94	9%	63%
8	Cedars Sinai Medical Center	64	6%	69%
4	Pacific Alliance Medical Center, Inc.	52	5% 7	4%
3	Hollywood Presbyterian Medical Center	50	5%	78%
Other		241	22%	100%
Total			1,099	100%

Note: Capacity analysis does not include private pay stand alone rehab centers. Source: OSPHD 2005 inpatient discharge data; OSPHD HAFD 1205 profile HIRC 10/12/06; St. Francis and LA Metro Medical Center Websites; KSA Analysis.

Chart 44: 2005 SPA 6 Destination for CDRC.

SPA	Hospital Name	DC	% DC	Beds
8	Kaiser Fnd Hospital-Harbor City	75	27%	20
3	American Recovery Center	70	25%	156
5	Brotman Medical Center	58	21%	18
8	Tom Redgate Memorial Recovery Center	44	16%	63
8	Del Amo Hospital	25	9%	0
3	Aurora Las Encinas Hospital, LLC	3	1%	0
8	Little Company of Mary-San Pedro Hospital	2	1%	48
Other	Chapman Medical Center	1	0%	28
Other	Loma Linda University Behavioral Medicine	1	0%	18
Total		279	100%	351

Sources: OSPHD 2005 inpatient discharge data; OSPHD HAFD 1205 profile HIRC 10/12/06; Key Indicators of Health by Service Planning Area, 2002/2003; Key Indicators of Health by Service Planning Area, 2007; KSA Analysis.

Despite the high demand for services, it appears that the existing capacity of these services within and surrounding SPA 6 appears to be meeting the needs of this population in the short-term.

- In addition, the non-urgent/non-emergent nature of post acute care suggests having a great post acute presence in SPA 6 is not as important as other services such as ED/Trauma.
- With that said, access to these resources should be re-evaluated in the future.

Public Health

To identify how public health services in SPA 6 compare to other areas and determine if the needs of the SPA 6 population are being met, the following indicators will be assessed:

- Outpatient clinics.
- Disease control and prevention.
- Vital statistics.
- Environmental health services.

Demand for Public Health

To assess the demand for public health, the SPA 6 population will be evaluated and compared to LA County in three areas: Health Status, Preventative Health and Health Outcomes.

Health Status

- In general, most adults in SPA 6 report having poorer health compared to LAC.
 - They are more obese, less physically active and eat less fruits and vegetables per day. (See Chart 45).

Preventative Health

- In 2005, SPA 6 adults reported the lowest percent of adults receiving flu shots compared other SPAs and LAC.
- Percent of adults screened for colorectal cancer increased from 31.4% in 2002 to 64.3% in 2005.
- 35% of SPA 6 adults reported that they did not have routine dental check up because of cost. (See Chart 46).

Chart 45: Health Status.

Area	% Obese Adults	% Active Adults	% Nutrition (Fruits/Veggies)	% Poor Health
SPA 6	30.0%	45.6%	10.7%	33.4%
Los Angeles County	20.9%	51.8%	14.6%	20.6%

Chart 46: Preventative Health.

Area	Flu Vaccination (65 and over)	Colorectal Screenings	No Access to Dental Care
SPA 6	49.5%	64.3%	35.1%
Los Angeles County	57.7%	63.8%	25.6%

Note: Not inclusive of all indicators; Sources provided for those wanting additional information.
Sources: Key Indicators of Health by Service Planning Area, 2007; KSA Analysis.

Health Outcomes

- Compared to LA County, SPA 6 was worse off on all health outcome measures except for suicide. (See **Chart 47**).
- SPA 6 also had the highest mortality rates for CVD, Diabetes, and stroke compared to all other SPAs (data not shown).
- Trends indicate that overall health outcomes for both SPA 6 and LA County dramatically improved in most areas (positive trend).
 - Exceptions include Syphilis and Diabetes (negative trend).

Public Health Existing Capacity

Data suggests that SPA 6 has good public health capacity relative to the demands of the population. An opportunity does exist to educate the population on the available resources.

The supply of public health services is defined as primary care clinics, public health clinics, and public health service offerings. (See **Chart 48**).

- From the ambulatory care assessment, SPA 6 has the second largest number of clinics per population compared to other SPAs.
- Of the 23 clinics (reported in OSHPD), a large percentage offer community services, especially in areas affecting public health.
 - Education, Nutrition, Outreach, and Social Services.
- There are 2 additional clinics in SPA 6 designated as Public Health Centers¹

Chart 48: Clinics Offering Services.

Community Service	Number	Percent
Child Care	1	4%
Education	17	74%
Nutrition	13	57%
Disaster Relief	1	4%
Environmental Health	5	22%
Homeless	6	26%
Legal	1	4%
Outreach	14	61%
Social Services	12	52%
Substance Abuse	5	22%
Transport	8	35%
Vocational Training	0	0%
Other	3	13%
Total SPA 6 Clinics	23	100%

Chart 47: Health Outcomes.

¹ Ruth Temple Health Center and South Health Center (see map on page 42). Sources: 2005 OSHPD PCC Utilization Data, Sept. 2006; LACDHS Clinic Listing; KSA Analysis.

Health Outcomes	2002/2003*		2005*		
Disease Conditions	SPA 6	LAC	SPA 6	LAC	Trend
AIDS	18.0	15.8	15.9	11.5	+
Syphilis	2.5	4.0	7.6	6.8	–
Tuberculosis	12.4	11.1	12.0	9.4	+
Mortality Rates					
Lung Cancer	51.0	39.8	46.0	35.3	+
Cardiovascular	268.3	199.9	229.7	176.1	+
Diabetes	38.3	22.9	39.2	25.3	–
Stroke	70.2	50.5	64.8	47.6	+
Other					
Suicide	6.2	13.0	4.9	7.1	+

*Not inclusive of all indicators; Dates for specific indicators within reports may vary from those specified. Sources are provided for those wanting additional information. Sources: Key Indicators of Health by Service Planning Area, 2002/2003 and 2007; KSA Analysis.

*13.4% of SPA 6
mothers received
prenatal care late
or did not receive
it at all.*



Part 4

Subsets of the Targeted Population

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Subsets of the Targeted Population

Mental Health Services

Mental Health (MH) is defined as inpatient psychiatric services and outpatient psychiatric, psychology, and therapy services.

The following indicators will be used to determine if the mental health needs of the SPA 6 population are being met:

- Demand based on population/demographics.
- Use of inpatient services (comparison of demand vs. supply).
- Supply of mental health services compared to other locations.

The SPA 6 population is at risk for mental health problems suggesting a high demand for mental health services.

- The diverse and low-income population suggests SPA 6 residents are in higher need of mental health services.
 - Ethnic and racial minority groups with high levels of poverty and low levels of education are thought to be more at risk for mental-health problems.
 - The under/uninsured are less likely to receive treatment; racially and ethnically diverse populations may also be less likely to seek mental health care services.

- In 2001, 3.7% of the SPA 6 population sought treatment for MH services; of these,
 - 88% were for non 24-hour services including major depression, personality disorders, bipolar/psychosis, and schizophrenia.
 - 10% received 24-hour acute hospital treatment and 2% sought treatment in 24-hour non hospital facilities.
 - The top diagnosis for these patients was schizophrenia.
- More recently, it was found that the high rates of depressive disorders in LA County call for an expansion of MH services.
 - It should be noted, however, that the percent of adults diagnosed with depression in SPA 6 is lower compared to other SPAs and LA County (6.6% SPA 6 vs. 9.8% LAC).

Substance abuse and failure to undergo treatment (e.g., medication) for mental health disorders are considered major predictors of homelessness.

The Treatment Advocacy Center states that at any given time there are more people who go untreated for severe psychiatric illness compared to the number of people receiving care in hospitals.

Sources: Ethnic Minorities Still Lack Adequate MH Care, Experts State (American Psychiatric Association) retrieved from the Network of Care-Los Angeles-Mental Health on 2/22/07; Mental Health and Racial Ethnic Minorities (American Association of World Health) retrieved from the Network of Care-Los Angeles-Mental Health on 2/22/07; Patient Assessment Survey III, Final Report; Key Indicators of Health by Service Planning Area 2002/2003 LACDPH.

- In 2005, SPA 6 reported having 19% of LA County's homeless population.
 - This is the second highest number of homeless individuals in the county at approximately 17,000 individuals (from 2005 LAHSA report).
 - SPA 6 also has highest proportion of homeless public assistance recipients (33%), the worst ratio of annual homeless public assistance recipients to shelter beds (47:1), and the greatest number of foster youth nearing emancipation and thus at risk for becoming homeless.
- Despite the high number of homeless in SPA 6, the social infrastructure for preventing homelessness appears weakest in this area.
 - Opportunities exist to improve the underlying infrastructure and help prevent (or reduce) the number of homeless.
 - According to the Treatment Advocacy Center, increasing compliance with medication would decrease the number of homeless individuals with psychiatric disorders.

Mental Health Facilities

The number and range of services for mental health does not appear to be lacking in Los Angeles County. (See **Chart 49**).

- Services range from inpatient/acute care to stand alone mental health facilities to special psychiatric programs. (See **Chart 50**).

The County also offers low-income insurance (Medi-Cal and Health families) to help pay for mental health needs.

Mental Health Facilities in SPA 6 include the following:

- Inpatient (4)*
- Outpatient primary care (4)
- Outpatient specialty/crisis centers (2)**
- MH service providers (28) (See **Chart 51**)

There are also 12 additional inpatient facilities within a 10-mile radius of SPA 6 to assist with treating acute patients.

Chart 49: Mental Health Facilities.

Facility Type (LAC)	No. of Facilities
Inpatient Health Facilities	59
Outpatient Health Facilities	98
Individual Family Support Services	357
Mental Health Care and Counseling	336
Counseling Approaches	8
Counseling Settings	8
Mental health Facilities	118
Outpatient Mental Health Care	199
Psychiatric/Mental Health Support Services	195
Special Psychiatric Programs	2

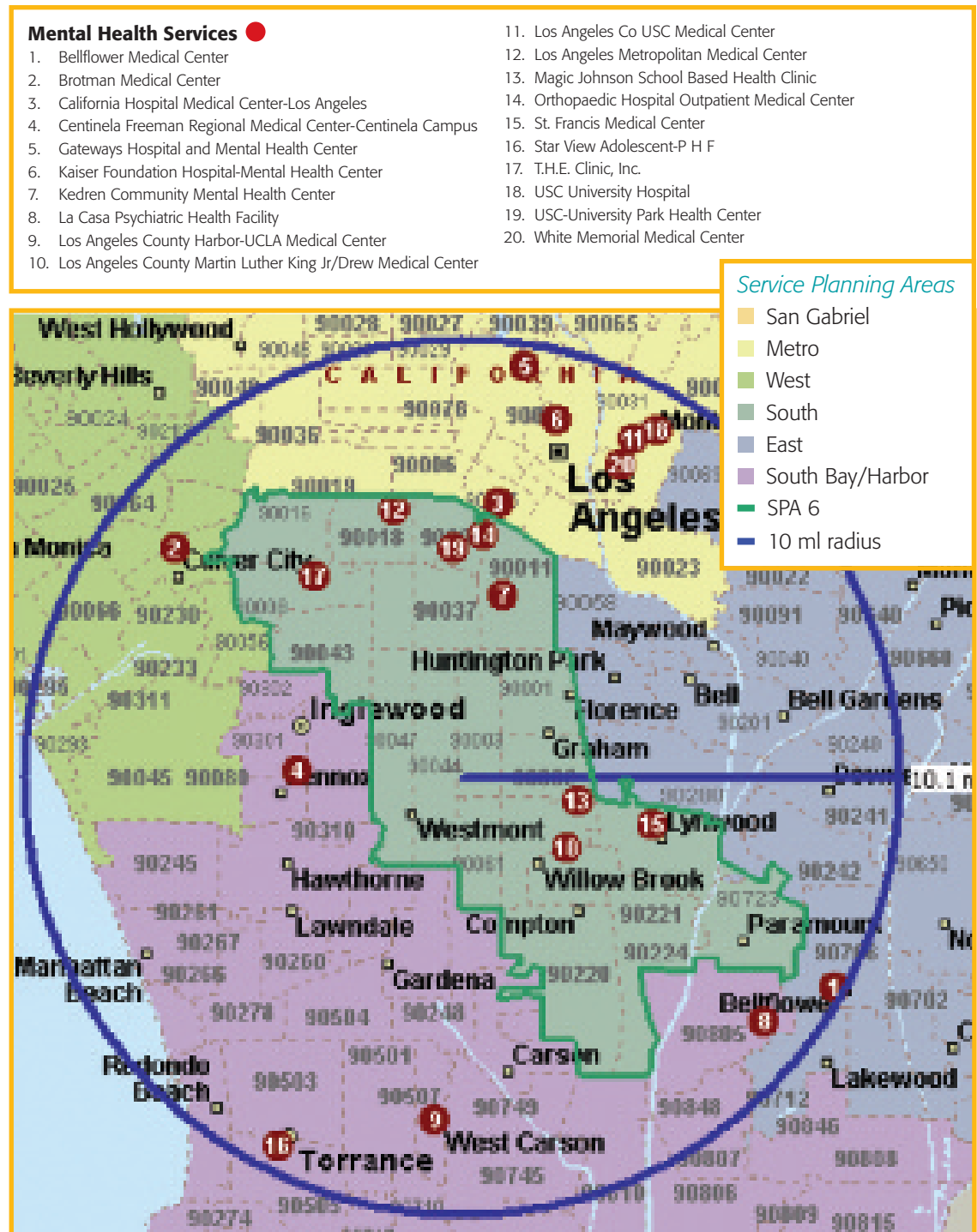
Sources: Network of Care-Los Angeles-Mental Health (<http://losangeles.networkofcare.org/mh/home/>).

Sources: Flaming D (Economic Roundtable) and Tepper P (Institute for the Study of Homelessness and Poverty at the Weingart Center), 10-Year Strategy to End Homelessness: Public Discussion Draft, Bring LA Home! (June 11, 2004).

*Inpatient and outpatient facilities based on 2005 data - Includes MLK.

**Not shown on Map (From Specialty Care clinics in ambulatory assessment section).

Chart 50: Mental Health Facilities.



Source: 2005 OSHPD Inpatient Discharge Data; 2005 OSHPD PCC Utilization Data.

On a per population basis, SPA 6 is on the lower end of providers per population compared to other SPAs (2.6 MH service providers per 100,000 population); however, only slightly less than the County as a whole (2.6 SPA 6 vs. 2.7 LA Co.).

Inpatient Psychiatric Care

In 2005, there were 7,340 inpatient psychiatric discharges generated by the SPA 6 population. (See Chart 52).

- 26% of those patient received care in facilities located in SPA 6. (See Chart 53).

- Most patients received care at either College Hospital (SPA 7), LA Metro (SPA 4) or St. Francis.
- 16% of residents found treatment outside of Los Angeles County Using 2005 total patient days (~70,000) and an occupancy target of 80%, the inpatient psych bed need is estimated at ~241 beds. In 2005, there were 262 beds available.
- Note: Existing bed counts include King/Harbor (76 beds); pending the final psych bed count, the population may be at risk for limited access

Chart 51: SPA 6 MH Service Providers.

SPA	Population	MH Providers	MHP per 100,000
1	334,119	10	3.0
2	2,122,470	48	2.3
3	1,840,912	49	2.7
4	1,192,961	47	3.9
5	655,441	24	3.7
6	1,080,305	28	2.6
7	1,414,458	21	1.5
8	1,540,255	47	3.1
LAC	10,180,920	274	2.7

Sources: 2005 OSHPD Specialty and Primary Care Utilization Data, Sept. 2006; LACDHS Clinic Listing; 2004 Claritas (2005 Est.); LACDMH website. Source: <http://dmh.lacounty.info/providers/sa6.htm>

Chart 52: 2005 inpatient psychiatric discharges generated by the SPA 6 population.

SPA	Hospital Name	DC	% Cumm
7	College Hospital	692	9%
6	Los Angeles Metropolitan Medical Center	681	19%
6	St. Francis Medical Center	604	27%
6	Kedren Community Mental Health Center	475	33%
3	City of Angels Medical Center-Ingleside Campus	437	39%
2	Mission Community Hospital-Panorama Campus	400	45%
5	Brotman Medical Center	393	50%
	Other	3,658	50%
Total		7,340	100%

Sources: OSHPD HAFD 1205 profile HIRC 10/12/06; 2005 OSHPD inpatient discharge data.

to these services, which is only amplified by the closure of the Psych ED at King/Harbor (First quarter DHS data for CY 2007 suggests a 10% to 20% increase in demand for ED psych services whether compared to the same period in 2006 or the overall monthly average for 2006).

- In the surrounding areas, there are 625 additional psych beds at inpatient facilities (10-mile radius of SPA 6).
 - A large majority of the population are taken to these facilities due to a lack of available beds in SPA 6.

Mental Health Key Findings

Preliminary findings indicate both inpatient and outpatient mental health facilities are available to treat the SPA 6 population. Opportunity exists to educate the public around mental health conditions and available resources to the public.

Chart 53: SPA 6 Patient Destination.

SPA	DC	%
6	1,906	26%
Other	1,157	16%
2	1,029	14%
8	989	13%
7	848	12%
4	563	8%
5	478	7%
3	367	5%
1	3	0%
Total	7,340	100%

Sources: Ethnic Minorities Still Lack Adequate MH Care, Experts State (American Psychiatric Association) retrieved from the Network of Care-Los Angeles-Mental Health on 2/22/07; Mental Health and Racial Ethnic Minorities (American Association of World Health) retrieved from the Network of Care-Los Angeles-Mental Health on 2/22/07.

Sources: Key Indicators of Health by Service Planning Area, 2007; LACHS Trends South LA, 2005; provided LA Health Action (Los Angeles County Health Survey); Trend Watch, Coverage Counts: Supporting Health and Opportunity for Children AHA, 2007; KSA Analysis; Key Indicators of Health by Service Planning Area, 2002/2003 and 2007.

- Access to mental health services may be more challenging to low income and minority populations due to inadequate assessment services in psychiatric emergency rooms, which are the primary entrance into health services for this population.

Women and Children

Medical services for Women and Children are in high demand in SPA 6.

- 35% of the population is less than 18 years old and ~ 50% of the population is female.
- In 2005, children in SPA 6 were worse off compared to LA County on several indicators.
 - Higher percent of obesity.
 - Neighborhood not safe, no safe places to play.
 - Highest rate of public school drop out.
 - Highest percent who watch television (suggesting less physical activity).
- In addition, uninsured children are more likely to have unmet medical and dental needs.
 - In 2005, 11.3% of children in SPA 6 were uninsured compared to 8.3% in LA County.
 - Conditions have been shown to improve significantly after enrollment in a public health program.
- Women in SPA 6 were worse off in terms of reported health status compared to women in LA County on most indicators (2005 data):

- 13.4% of SPA 6 mothers received prenatal care late or did not receive it at all.
- SPA 6 reported 8.3% low-birth-weight babies per 100 live births, which was higher compared to other SPAs and LA County (7.1%).
- Breast cancer mortality in SPA 6 was 27.8% compared to 23.1% in LA County.
- 83.3% of adult women had a pap smear within the past 3 years, which was similar to LAC (83.8%).
- 69.1% of women over 40 had a mammogram in the past two years compared to 70.6% in LA County.
- In 2002, cervical cancer mortality in SPA 6 (6.9%) higher than LAC (3.5%); 2005 data not available.
- Health status among women in SPA 6 decreased significantly from 2002-2003 to 2005.
 - In 2002-2003 SPA 6 women ranked more favorably than LA County on breast cancer mortality and percent of women having mammograms and pap smears.
 - 22.6% breast cancer mortality.
 - 78.5% of women over 50 had a mammogram.
 - 90.4% of women 18+ had a pap smear within the past 3 years.

Analysis of acute care services further indicates the high demand for medical services for women and children in SPA 6.

- 47% of the top 50% of discharges were for women and children's services. **(See Chart 54).**
 - W&C services are defined by MDC 13, 14, and 15.

Chart 54: SPA 6 Discharges by MDC (top 50% of discharges).

MDC	Description	DC	% DC
14	Pregnancy, Childbirth, & The Puerperium	22,625	39%
4	Respiratory System, Diseases & Disorders	9,089	16%
5	Circulatory System, Diseases & Disorders	7,194	12%
15	Newborns and Neonate Conditions Began in Perinatal Period	3,695	6%
6	Digestive System, Diseases & Disorders	2,812	5%
11	Kidney and Urinary Tract, Diseases & Disorders	2,591	4%
10	Endocrine, Nutritional, and Metabolic, Diseases & Disorders	2,353	4%
18	Infectious & Parasitic Diseases	1,760	3%
1	Nervous System, Diseases & Disorders	1,515	3%
16	Blood, Blood Forming Organs, Immunological, Diseases & Disorders	1,347	2%
13	Female Reproductive System, Diseases & Disorders	1,128	2%
7	Hepatobiliary System & Pancreas, Diseases & Disorders	999	2%
8	Musculoskeletal System & Connective Tissue, Diseases & Disorders	995	2%
50% Total DC		58,103	100%

Sources: OSPHD 2005 inpatient discharge data; SPA 6 Disease Burden Profile, Revised 6/10/03.

- This does not include the women and children who received services for diagnoses classified as other MDCs (e.g., Respiratory Disorders).
 - Risk is potential underestimation of demand for these services.

To determine if the needs of women and children in SPA 6 are being met, the following capacity indicators were assessed. (See Chart 55).

- Public Health/Primary Care Clinics.
- Physician Supply (data not available).

- General Pediatricians
- Pediatric Sub-specialists
- Obstetrician
- Gynecologist

- Acute Care Facilities (*details in appendix*).
 - *Further research needs to be done on the existing service offerings for non reported hospitals.*
 - *Note: The raw number of Peds IP Programs is not as good of an indicator as fewer, high volume pediatric specialty programs.*

Chart 55: Facilities offering service to women and children.

Acute Care Components to Support Patient Population	Facilities Offering Service (out of 27)*
Pediatrics	
Pediatric Cath/Cardiac Surgery	4
NICU/ Neonatal Intermediate Care	12/3
Child Wellness Program	5
Pediatric Intensive Care	4
Women Services	
OB/GYN Services	15
LDR/Post-partum rooms	14
Breast Cancer Screening/Mammography	15
Fertility Clinic	3
Genetic Testing/Counseling	4
Women's Health Center/Services	16

*Service offerings at acute care facilities includes King/Harbor; 17 hospitals did not report services offerings through AHA or Solucient; information could not be found for 8 hospitals, independent research for the remaining hospitals was through the hospital websites.
 Sources: 2005 OSHPD Specialty and Primary Care Utilization Data, Sept. 2006; LACDHS Clinic Listing; 2007 AHA Guide, 2006 Solucient Guide.

SPA 6 residents 65 and over are the smallest percentage of the population (~8%), but the highest users of services. (See Chart 56).

- In 2005, use rates were ~ 370 discharges per 1,000 compared to 107 (average for SPA 6).
- 2005 bed need for 65+ estimated at ~ 700 beds, which is almost all existing beds (~ 1,000 beds).
- 2005 inpatient discharges originating from SPA 6 further identify the demand for these services.

Other services required to meet the needs of the elderly include:

- Various subspecialties such Cardio, Ortho, Neuro, Respiratory and Digestive/GI.
 - The number of providers by subspecialty remains to be determined.
- Senior wellness programs/Geriatric Care.
 - 11 hospitals out of 27 report offering senior wellness/geriatrics care (*see appendix*).

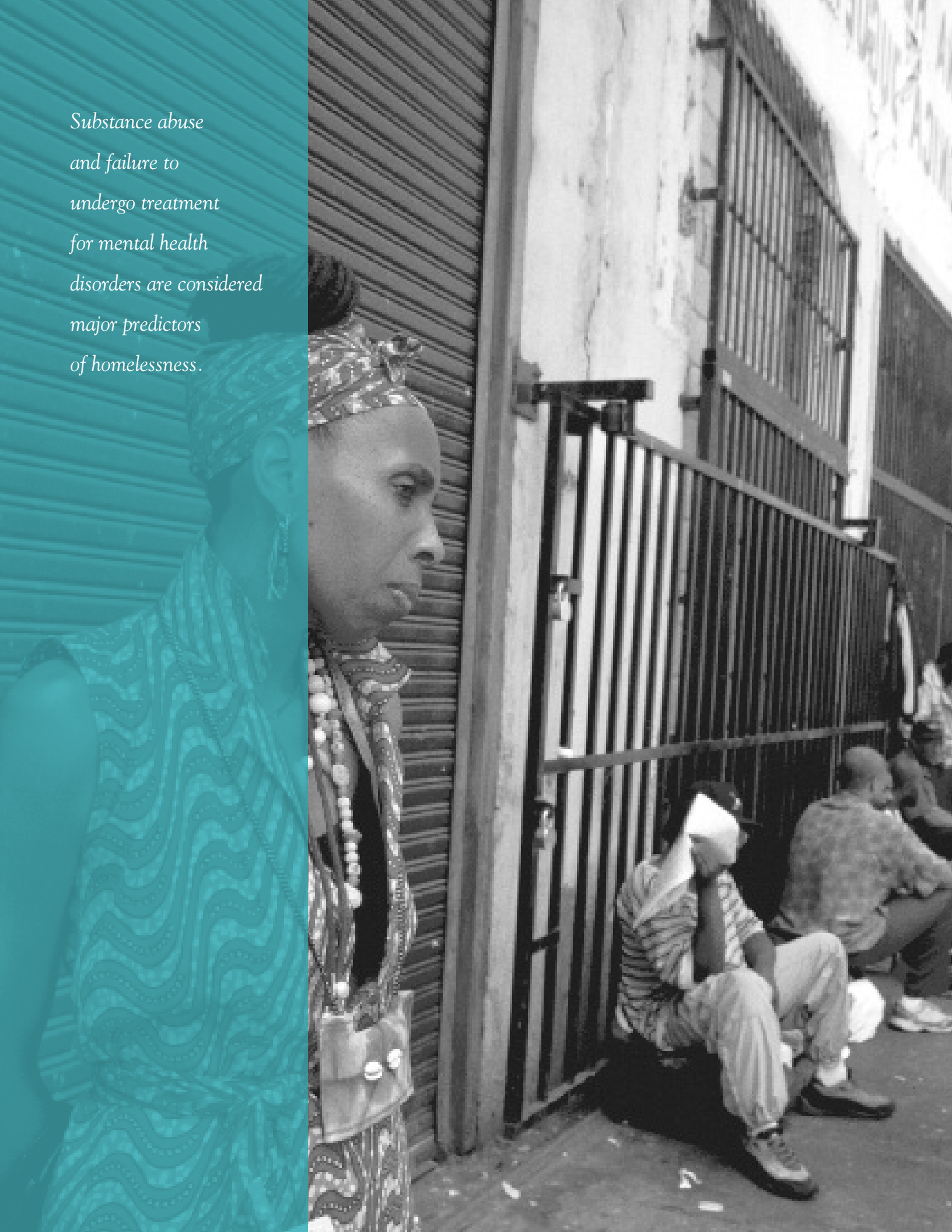
Chart 56: SPA 6 Discharges by MDC (top 50% of discharges).

■ Associated with Elderly ■ Associated with Women and Children

MDC	Description	DC	% DC
14	Pregnancy, Childbirth, & The Puerperium	22,625	39%
4	Respiratory System, Diseases & Disorders	9,089	16%
5	Circulatory System, Diseases & Disorders	7,194	12%
15	Newborns and Neonate Conditions Began in Perinatal Period	3,695	6%
6	Digestive System, Diseases & Disorders	2,812	5%
11	Kidney and Urinary Tract, Diseases & Disorders	2,591	4%
10	Endocrine, Nutritional, and Metabolic, Diseases & Disorders	2,353	4%
18	Infectious & Parasitic Diseases	1,760	3%
1	Nervous System, Diseases & Disorders	1,515	3%
16	Blood, Blood Forming Organs, Immunological, Diseases & Disorders	1,347	2%
13	Female Reproductive System, Diseases & Disorders	1,128	2%
7	Hepatobiliary System & Pancreas, Diseases & Disorders	999	2%
8	Musculoskeletal System & Connective Tissue, Diseases & Disorders	995	2%
50% Total DC		58,103	100%

Sources: 2005 OSHPD Inpatient Discharge Data; 2007 AHA Guide; 2006 Solucient Guide; KSA Analysis.

*Substance abuse
and failure to
undergo treatment
for mental health
disorders are considered
major predictors
of homelessness.*



Part 5

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Appendix

Project Overview

Key Points of Clarification

- The assessment is based on a wide range of indicators.
 - A measure of demand and capacity was analyzed for each indicator.
 - Outcomes should be evaluated as a whole rather than by individual indicators.
 - Broader social determinants that contribute to community health status were not assessed in detail.
- DEMAND indicators were used as a proxy to assess NEED in relative terms given data limitations.
- The LA Health Surveys and other County Departmental studies indicate that the medical services NEEDS of the SPA 6 population are not being met.
- Services provided by King/Harbor Hospital are included in the analyses depending on year of data.
- Summary of key findings are just that. This report should be read in total to gain a more comprehensive understanding of the true medical needs of the SPA 6 population.

Limitations of the Data

The analyses conducted in this effort are to identify the medical services needs of South

Los Angeles residents based on where demand appears to be mismatched with capacity. We have aggregated publicly available information as of early 2007 and have articulated salient themes that are reflected in the data. We have NOT conducted primary research nor have we independently assessed the validity of the individual reports and data sources that we cite throughout this material. In fact, we hope that this material will spur additional research as appropriate (and not to the detriment of action) to clarify the status in health access categories about which less is available publicly.

This analysis is NOT...

- A conclusive analysis.
- An analysis of cause and effect.

Key Challenges

Throughout this assessment three key challenges surfaced that deserve additional commentary:

Challenge #1

Significant data exists on the demand and supply of medical services for the SPA 6 population, however, there is no single repository to house all of the available information for the community.

Implication: Limits the ability to develop a comprehensive assessment.

Implication: Impedes access to the most current available data.

Implication: Focuses resources to individual efforts rather than the community as a whole.

Challenge #2

Despite the amount of data available, gaps in information continue to exist.

- **Homeless population:** There is limited information available regarding the need for, and use of, medical services among the homeless.

Implication: Underestimates the true demand/need for medical services.

- Given that most homeless typically access the health care system through the ED, it is difficult to measure if and how this population might use other services.

Implication: Overestimates the true demand/need for medical services.

- OSHPD captures the homeless population for inpatient care suggesting the potential risk of double counting if we overlap this population on the existing inpatient demand.

- **Primary/Specialty Ambulatory Care:**

Available data for ambulatory/outpatient services is not as robust nor as accurate as inpatient data. Discussions around this information often generate the most debate, further reinforcing the need for more accurate data.

Implication: Prohibits the ability to identify existing demand/need for these services.

Implication: Prohibits the ability to determine if capacity for these services is meeting the demand.

Implication: Requires the use of proxies to help understand the situation.

Implication: Derails the ability to move forward given that the reality of the situation may not match directly with the available information.

Despite the amount of data available, gaps continue to exist.

- **Physician Data:** To our knowledge, there is no single source of physician data by specialty available for LA County. Several alternatives exist, however, given the pros and cons of each, their value was minimal.

Implication: limits the ability to assess if the population has an adequate supply of physicians (on a per population basis).

Implication: prevents a true understanding of the level of subspecialty services available to the community.

Note: Recent studies in the U.S. have suggested physician mix is important, such as demonstrating links between greater availability of primary care physicians and lower death rates as well as higher cancer screening rates among racial and ethnic minorities.*

*Source: Dowling PT, Who Will Care for South Central LA? Presentation to the LA Health Collaborative (December 21, 2006). Accessed at www.lahealthaction.org/library/South_Central-LA_Talk_12-21-06.pdf.

- **Diagnostic and Treatment:** To date, data on visit volumes and existing capacity for major D&Ts (e.g., surgery, cath labs, imaging, etc.) is confined to individual hospitals and/or other facilities.

Implication: Prohibits the ability to assess if the needs of the SPA 6 population (on a per population basis) are being met.

- **Mental Health:** The nature of mental health services, with high rates of co-morbidity and dual-diagnosis and the available data (e.g., psychiatric ED visits vs. ED visits, psychiatric patient days vs. primary diagnosis, dual diagnoses of substance abuse and mental health, current wait times, etc.), present a challenge to understanding the need for these services.

Implication: Prohibits the ability to assess if the needs of the SPA 6 population are being met.

Implication: Presents difficulty when trying to allocate resources appropriately.

Despite the amount of data available, gaps continue to exist.

- **Quality of Care:** Similar to outpatient data, capturing quality data is still in the initial phases of development.

Implication: Limits the ability to determine if the SPA 6 population is receiving high-quality care.

Implication: Could potentially harm existing SPA 6 facilities financially if paying patients choose to go elsewhere for their medical services.

Challenge #3

Collecting data is easier than taking action and can lead to “analysis paralysis.”

Implication: Constant data gathering may hinder progress toward reaching a goal.

Implication: If change is to occur, strategic goals and subsequent action plans need to be developed and implemented based on the best available data.

Population and Demographics

Population and Age in SPA 6, Los Angeles County and by Service Planning Area (2005 Only).
(See Charts 57-60).

Chart 57: SPA 6 Population.

	Age Cohort	2000	2004	2005	2007	2009
AGE	0 - 17	360,649	370,748	373,482	379,056	384,774
	18 - 44	425,661	438,477	440,888	445,827	450,926
	45 - 64	151,113	178,731	184,490	196,757	210,104
	65+	72,510	79,259	81,445	86,063	91,037
	Total	1,009,933	1,067,215	1,080,305	1,107,703	1,136,841
Percent under 18		35.7%	34.7%	34.6%	34.2%	33.8%
Percent under 45		77.9%	75.8%	75.4%	74.5%	73.5%
Percent over 65		7.2%	7.4%	7.5%	7.8%	8.0%

Chart 58: Los Angeles County Population.

	Age Cohort	2000	2004	2005	2007	2009
AGE	0 - 17	2,683,135	2,748,988	2,766,946	2,803,758	2,841,805
	18 - 44	4,100,459	4,211,157	4,231,361	4,273,124	4,316,723
	45 - 64	1,859,235	2,108,686	2,161,857	2,273,580	2,392,968
	65+	935,809	999,167	1,020,756	1,066,025	1,114,280
	Total	9,578,638	10,067,998	10,180,920	10,416,487	10,665,776
Percent under 18		28%	27%	27%	27%	27%
Percent under 45		71%	69%	69%	68%	67%
Percent 65+		10%	10%	10%	10%	10%

Chart 59: 2005 Population by SPA.

Age Cohort	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8	LAC
0 - 17	111,424	544,246	499,168	282,585	107,132	373,482	433,327	415,583	2,766,946
18 - 44	126,332	873,331	732,299	554,367	300,435	440,888	571,169	632,540	4,231,361
45 - 64	69,171	482,485	412,950	238,523	161,033	184,490	276,376	336,830	2,161,857
65+	27,193	222,408	196,495	117,487	86,841	81,445	133,586	155,302	1,020,756
Total	334,119	2,122,470	1,840,912	1,192,961	655,441	1,080,305	1,414,458	1,540,255	10,180,920
Percent Total	3%	21%	18%	12%	6%	11%	14%	15%	100%

Chart 60: 2005 Percent Age Cohort by SPA.

Age Cohort	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8	LAC
0 - 17	33%	26%	27%	24%	16%	35%	31%	27%	27%
18 - 44	38%	41%	40%	46%	46%	41%	40%	41%	42%
45 - 64	21%	23%	22%	20%	25%	17%	20%	22%	21%
65+	8%	10%	11%	10%	13%	8%	9%	10%	10%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

Source: Claritas population data: 2000, 2004, and 2009.

Ethnicity and Race

OSHPD 2005 inpatient discharge data used as a proxy for determining ethnicity and race for SPA 6.

- Comparisons were made using United Way of Greater Los Angeles.
- No significant changes among different data sources.

Chart 61: *Ethnicity for SPA 6.*

Ethnicity Category	Description	2005 Discharges	% Total Discharges	% Hispanic vs. Non-Hispanic
1	Hispanic	49,000	34%	50.1%
2	Non-Hispanic	48,745	34%	49.9%
3	Unknown	364	0%	
*	Not Reported	44,844	31%	
Total		142,953	100%	100%

Chart 62: *Race for SPA 6.*

Race Category	Description	2005 Discharges	% Total Discharges	% Race ¹
1	White	28,049	20%	27.7%
2	Black	45,254	32%	44.7%
3	Native American/Eskimo	143	0%	0.1%
4	Asian/Pacific Islander	575	0%	0.6%
5	Other	27,206	19%	26.9%
6	Unknown	428	0%	
*	Not Reported	41,298	29%	
Total		142,953	100%	100%

¹ Excludes unknown and not reported.

Source: OSHPD 2005 Inpatient Discharge Data.

Payor Category and Insurance Status

Discharges by payor category was used as a proxy to determine the insurance status of SPA 6 residents.

- Similar results using the California Health Interview Survey (CHIS).

Chart 63: SPA 6 Discharges by Payor Category Payor Category Description 2005.

Payor Category	Description	2005 Discharges	% Total Discharges
0	Not Reported	371	0.3%
1	Medicare	33,367	23.3%
2	Medi-Cal	71,802	50.2%
3	Private Coverage	23,137	16.2%
5 and 7	Indigent	4,859	3.4%
4,6,8, and 9	Other	9,417	6.6%
Total		142,953	100%

Chart 64: 2005 Discharges by Payor Category - Proxy for INSURANCE STATUS.

County	Not Reported	Medicare	Medi-Cal	Private Coverage	Indigent	Other	Total	Percent Medi-Cal	Percent Indigent
SPA 6	371	33,367	71,802	23,137	4,859	9,417	142,953	50%	3%
Los Angeles	890	349,326	349,636	335,622	20,704	68,033	1,124,211	31%	2%
Sacramento	5	42,138	32,855	55,621	2,760	9,274	142,653	23%	2%
San Bernardino	110	56,610	67,470	78,285	3,297	14,561	220,333	31%	1%
San Diego	57	100,686	58,922	107,892	7,154	24,640	299,351	20%	2%
San Francisco	1	31,385	16,850	30,354	1,232	4,143	83,965	20%	1%

Chart 65: 2005 Percent Discharges by Payor Category.

Payor Category	SPA 6	Los Angeles	Sacramento	San Bernardino	San Diego	San Francisco
Medicare	23%	31%	30%	26%	34%	37%
Medi-Cal	50%	31%	23%	31%	20%	20%
Private Coverage	16%	30%	39%	36%	36%	36%
Indigent	3%	2%	2%	1%	2%	1%
Other	7%	6%	7%	7%	8%	5%
Total	100%	100%	100%	100%	100%	100%

Source: OSHPD 2005 Inpatient Discharge Data.

Benchmark Criteria

Relevant, comparable benchmarks to SPA 6 were determined based on the following criteria:

- Population size
- Geographic location
 - California based
 - Other major urban city/location
- Demographics
 - Gender
 - Diversity of population (race/ethnicity)
 - Income level
 - Health insurance status
- Similar health system
 - Large County presence (e.g., high indigent population, safety net hospitals, etc.)

2005 Census Data — Benchmarks

Chart 66

	California		Los Angeles		Sacramento	
Characteristic	Number	%	Number	%	Number	%
Total Population	35,278,768		9,758,886		1,337,942	
Male	17,497,507	49.6%	4,816,227	49.4%	652,626	48.8%
Female	17,781,261	50.4%	4,942,659	50.6%	685,316	51.2%
Median Age (years)	34.4		33.7		33.7	
Under 5 years	2,679,311	7.6%	753,834	7.7%	101,528	7.6%
18 years and over	25,623,626	72.6%	7,031,000	72.0%	965,903	72.2%
65 years and over	3,701,104	10.5%	953,013	9.8%	140,964	10.5%
One race	34,182,772	96.9%	9,502,787	97.4%	1,281,420	95.8%
White	21,491,336	60.9%	4,968,846	50.9%	804,787	60.2%
Black or African American	2,163,530	6.1%	868,199	8.9%	135,467	10.1%
American Indian and Alaska Native	253,774	0.7%	48,544	0.5%	15,493	1.2%
Asian	4,365,548	12.4%	1,273,995	13.1%	184,230	13.8%
Native Hawaiian and Other Pacific Islander	124,511	0.4%	29,841	0.3%	8,791	0.7%
Some other race	5,784,073	16.4%	2,313,362	23.7%	132,652	9.9%
Two or more races	1,095,996	3.1%	256,099	2.6%	56,522	4.2%
Hispanic or Latino (of any race)	12,523,379	35.5%	4,613,450	47.3%	250,928	18.8%
Median Household Income	53,629		48,428		51,793	

Source: US Census Bureau.

San Bernardino		San Diego		San Francisco		US	
Number	%	Number	%	Number	%	Number	%
1,916,665		2,824,259		719,077		288,378,137	
950,121	49.6%	1,400,199	49.6%	362,869	50.5%	141,274,964	49.0%
966,544	50.4%	1,424,060	50.4%	356,208	49.5%	47,103,173	51.0%
30.2		34.4		39		36.4	
156,665	8.2%	221,575	7.8%	39,718	5.5%	20,267,176	7.0%
1,313,925	68.6%	2,067,282	73.2%	610,407	84.9%	215,246,449	74.6%
152,691	8.0%	310,836	11.0%	105,176	14.6%	34,760,527	12.1%
1,861,968	97.1%	2,730,721	96.7%	699,514	97.3%	282,820,953	98.1%
1,227,072	64.0%	1,927,166	68.2%	382,220	53.2%	215,333,394	74.7%
174,987	9.1%	140,181	5.0%	46,779	6.5%	34,962,569	12.1%
18,305	1.0%	19,902	0.7%	2,098	0.3%	2,357,544	0.8%
112,024	5.8%	295,926	10.5%	238,133	33.1%	12,471,815	4.3%
6,045	0.3%	12,704	0.4%	2,726	0.4%	397,030	0.1%
323,535	16.9%	334,842	11.9%	27,558	3.8%	17,298,601	6.0%
54,697	2.9%	93,538	3.3%	19,563	2.7%	5,557,184	1.9%
867,966	45.3%	843,901	29.9%	98,891	13.8%	41,870,703	14.5%
49,026		56,335		57,496		46,242	

Inpatient Acute Care Facilities

Chart 67

SPA 6 and Other	Hospital Name	Address
SPA 6	Rancho Los Amigos National Rehab Center	7601 E Imperial Highway
SPA 6	LAC-King-Drew Medical Center	12021 South Wilmington Avenue
SPA 6	Los Angeles Metro Med Center	2231 South Western Avenue
SPA 6	St. Francis Medical Center	3630 East Imperial Highway
SPA 6	Suburban Medical Center (PROMISE/SNF)	16453 South Colorado Avenue
SPA 6	Orthopedic Hospital	2400 S Flower St.
10 mile	Bellflower Medical Center	9542 East Artesia Boulevard
10 mile	Kaiser Foundation Hospital Bellflower	9400 East Rosecrans Avenue
10 mile	Downey Regional Medical Center	11500 Brookshire Avenue
10 mile	Community Hospital of Gardena	1246 West 155th Street
10 mile	Memorial Hospital of Gardena	1145 West Redondo Beach Blvd.
10 mile	Robert F. Kennedy Medical Center	4500 West 116th Street
10 mile	Community Hospital of Huntington Park	2623 East Slauson Avenue
10 mile	Centinela Hospital Centinela Campus	555 East Hardy Street
10 mile	Centinela Hospital Freeman Campus	333 North Prairie Avenue
10 mile	Centinela Hospital Marina Campus	4650 Lincoln Blvd.
10 mile	Lakewood Regional Medical Center	3700 East South Street
10 mile	California Hospital Medical Center	1401 South Grand Avenue
10 mile	Good Samaritan Hospital	1225 Wilshire Boulevard
10 mile	Midway Hospital Medical Center	5925 San Vicente Boulevard
10 mile	Pacific Alliance Medical Center	531 West College Street
10 mile	St. Vincent Medical Center	2131 West Third Street
10 mile	Temple Community Hospital	235 North Hoover Street
10 mile	East Los Angeles Doctors Hospital	4060 East Whittier Boulevard
10 mile	LAC/USC Medical Center 1200	North State Street
10 mile	Los Angeles Community Hospital	4081 East Olympic Boulevard
10 mile	Santa Marta Hospital (ELASTAR)	319 North Humphreys Avenue
10 mile	USC University Hospital	1500 San Pablo Street
10 mile	White Memorial Medical Center	1720 Cesar E Chavez Avenue
10 mile	LAC-Harbor-UCLA Med Center	1000 West Carson Street
10 mile	Prov-Little Company of Mary	4101 Torrance Boulevard
10 mile	Torrance Memorial Medical Center	3330 W Lomita Boulevard

Source: 2005 OSPHD Inpatient Discharge Data; 2007 AHA Guide, 2006 Solucient Guide; KSA Analysis.

Type:

G = General Acute

C = Children's

Ownership:

G = Government, non Federal

I = Investor Owned

N = Not for Profit

GF = Government, Federal

■ Closed ED

■ Closed Hospital

City	Zip	Type	Ownership	Acute Care Beds
Downey	90242	G	G	163
Los Angeles	90059	C	G	275
Los Angeles	90018	G	I	157
Lynwood	90262	G	N	354
Paramount	90723	G	I	182
Los Angeles	90007	G	N	112
Bellflower	90706	G	I	144
Bellflower	90706	G	N	352
Downey	90241	G	N	193
Gardena	90247	G	I	38
Gardena	90247	G	I	103
Hawthorne	90250	G	N	217
Huntington Park	90255	G	I	190
Inglewood	90301	G	N	345
Inglewood	90301	G	N	310
Marina Del Rey	90292	G	N	153
Lakewood	90712	G	I	114
Los Angeles	90015	G	N	271
Los Angeles	90017	G	N	310
Los Angeles	90019	G	I	225
Los Angeles	90012	G	I	115
Los Angeles	90057	G	N	320
Los Angeles	90004	G	I	150
Los Angeles	90023	G	I	102
Los Angeles	90033	C	G	936
Los Angeles	90023	G	I	150
Los Angeles	90022	G	N	110
Los Angeles	90033	G	I	257
Los Angeles	90033	G	N	287
Torrance	90502	C	G	398
Torrance	90503	G	N	296
Torrance	90509	G	N	310

Hospital Closure Status:

0 = Closed 1 = Open 2 = Closed ED 3 = Potential Closure 4 = Closed Trauma

■ Closed ED ■ Closed Hospital

Chart 68

SPA 6 and Other	Hospital Name	Hospital Closed
SPA 6	Rancho Los Amigos National Rehab Center	1
SPA 6	LAC-King-Drew Medical Center	4
SPA 6	Los Angeles Metro Medical Center	1
SPA 6	St. Francis Medical Center	1
SPA 6	Suburban Medical Center (PROMISE/SNF)	2
SPA 6	Orthopedic Hospital	0
10 mile	Bellflower Medical Center	1
10 mile	Kaiser Foundation Hospital Bellflower	1
10 mile	Downey Regional Medical Center	3
10 mile	Community Hospital of Gardena	2
10 mile	Memorial Hospital of Gardena	1
10 mile	Robert F Kennedy Medical Center	0
10 mile	Community Hospital of Huntington Park	1
10 mile	Centinela Hospital Centinela Campus	1
10 mile	Centinela Hospital Freeman Campus	1
10 mile	Centinela Hospital Marina Campus	1
10 mile	Lakewood Regional Medical Center	1
10 mile	California Hospital Medical Center	1
10 mile	Good Samaritan Hospital	3
10 mile	Midway Hospital Medical Center	1
10 mile	Pacific Alliance Medical Center	1
10 mile	St. Vincent Medical Center	1
10 mile	Temple Community Hospital	1
10 mile	East Los Angeles Doctors Hospital	1
10 mile	LAC/USC Medical Center	1
10 mile	Los Angeles Community Hospital	1
10 mile	Santa Marta Hospital (ELASTAR)	0
10 mile	USC University Hospital	1
10 mile	White Memorial Medical Center	1
10 mile	LAC-Harbor-UCLA Med Center	1
10 mile	Prov-Little Company of Mary	1
10 mile	Torrance Memorial Medical Center	1

Source: Hospital Association of Southern California, Hospital Websites, Kurt Salmon and Associates, Phase II: Data Analysis and Report of Findings, Prepared for the California HealthCare Foundation (May 5, 2005).

SPA 6 Patient Origin – Discharges by Hospital

Chart 69: 2005 OSHPD Inpatient Discharges Data (SPA 6 Patient Origin).

■ 50% of Discharges
■ 80% of Discharges

SPA	Hospital Name	Discharges	Percent	Cumm %
6	St. Francis Medical Center	11,461	10%	10%
4	California Hospital Medical Center-Los Angeles	9,048	8%	18%
6	Los Angeles County Martin Luther King Jr/Drew Medical Center	8,514	7%	25%
4	Los Angeles County USC Medical Center	6,471	6%	31%
8	Centinela Freeman Regional Medical Center-Centinela Campus	6,269	5%	36%
8	Los Angeles Co Harbor-UCLA Medical Center	4,930	4%	40%
8	Centinela Freeman Regional Medical Center-Memorial Campus	4,879	4%	45%
4	Cedars Sinai Medical Center	4,456	4%	49%
5	Kaiser Fnd Hospital-West LA	4,445	4%	52%
7	Kaiser Fnd Hospital-Bellflower	4,145	4%	56%
4	Good Samaritan Hospital-Los Angeles	2,864	2%	58%
4	White Memorial Medical Center	2,576	2%	61%
7	Community and Mission Hospital Of Hntg Pk-Slauson	2,435	2%	63%
4	Kaiser Fnd Hospital-Sunset	2,280	2%	65%
4	Pacific Alliance Medical Center, Inc.	2,151	2%	67%
8	Earl and Lorraine Miller Childrens Hospital	2,135	2%	68%
8	Kaiser Fnd Hospital-Harbor City	2,109	2%	70%
4	Hollywood Presbyterian Medical Center	2,077	2%	72%
8	Memorial Hospital of Gardena	1,960	2%	74%
4	Los Angeles Community Hospital	1,889	2%	75%
4	Children's Hospital of Los Angeles	1,886	2%	77%
6	Los Angeles Metropolitan Medical Center	1,637	1%	79%
5	Brotman Medical Center	1,628	1%	80%
8	Long Beach Memorial Medical Center	1,526	1%	81%
5	UCLA Medical Center	1,418	1%	82%
4	St. Vincent Medical Center	1,378	1%	84%
4	Olympia Medical Center	1,372	1%	85%
4	Promise Hospital of East Los Angeles-East L.A. Campus	1,243	1%	86%
7	Lakewood Regional Medical Center	1,108	1%	87%
7	Downey Regional Medical Center	1,075	1%	88%
8	Torrance Memorial Medical Center	1,051	1%	89%
7	Bellflower Medical Center	912	1%	90%
3	Monterey Park Hospital	790	1%	90%
4	City of Angels Medical Center-Downtown Campus	764	1%	91%
8	St. Mary Medical Center	695	1%	91%
4	Temple Community Hospital	643	1%	92%
7	Coast Plaza Doctors Hospital	618	1%	93%

Continued on next page.

SPA	Hospital Name	Discharges	Percent	Cumm %
8	Little Company of Mary Hospital	612	1%	93%
4	East Los Angeles Doctors Hospital	503	0%	94%
5	Santa Monica-UCLA Medical Center	483	0%	94%
6	Promise Hospital of East Los Angeles-Suburban Campus	413	0%	94%
4	USC University Hospital	375	0%	95%
8	Pacific Hospital of Long Beach	361	0%	95%
0	Tustin Hospital Medical Center	343	0%	95%
3	Garfield Medical Center	301	0%	95%
7	Norwalk Community Hospital	295	0%	96%
7	Beverly Hospital	293	0%	96%
4	Hollywood Community Hospital of Hollywood	290	0%	96%
7	LAC/Rancho Los Amigos National Rehab Center	236	0%	96%
5	St. John's Hospital and Health Center	236	0%	97%
7	Tri-City Regional Medical Center	213	0%	97%
5	Centinela Freeman Regional Medical Center-Marina Campus	205	0%	97%
2	Glendale Adventist Medical Center-Wilson Terrace	191	0%	97%
5	Kindred Hospital-Los Angeles	184	0%	97%
2	Glendale Memorial Hospital and Health Center	166	0%	97%
7	Presbyterian Intercommunity Hospital	166	0%	98%
3	Huntington Memorial Hospital	161	0%	98%
6	Orthopaedic Hospital	152	0%	98%
2	Los Angeles County Olive View-UCLA Medical Center	136	0%	98%
8	Little Company of Mary-San Pedro Hospital	120	0%	98%
0	Los Alamitos Medical Center	120	0%	98%
0	University of California Irvine Medical Center	105	0%	98%
3	Kaiser Fnd Hospital-Baldwin Park	96	0%	98%
3	Helford Clinical Research Hospital At City of Hope	88	0%	98%
7	Kindred Hospital-La Mirada	86	0%	99%
8	Community Hospital Of Long Beach	66	0%	99%
2	Providence Saint Joseph Medical Center	66	0%	99%
4	USC Kenneth Norris, Jr. Cancer Hospital	64	0%	99%
4	Barlow Respiratory Hospital	52	0%	99%
2	Kaiser Fnd Hospital-Panorama City	51	0%	99%
1	Antelope Valley Hospital Medical Center	45	0%	99%
0	Fountain Valley Regional Hospital and Medical Center-Euclid	44	0%	99%
0	Kaiser Fnd Hospital-Fontana	42	0%	99%
7	Whittier Hospital Medical Center	42	0%	99%
2	Valley Presbyterian Hospital	41	0%	99%
0	Children's Hospital of Orange County	40	0%	99%
0	La Palma Intercommunity Hospital	40	0%	99%
8	Community Hospital of Gardena	38	0%	99%
0	Anaheim General Hospital	37	0%	99%
2	Mission Community Hospital-Panorama Campus	37	0%	99%
3	Methodist Hospital of Southern California	36	0%	99%
2	Sherman Oaks Hospital and Health Center	36	0%	99%

Continued on next page.

SPA	Hospital Name	Discharges	Percent	Cumm %
4	Shriners Hospital For Children-LA.	36	0%	99%
0	Arrowhead Regional Medical Center	35	0%	99%
0	Kaiser Fnd Hospital-Anaheim	35	0%	99%
0	Loma Linda University Medical Center	35	0%	99%
3	Citrus Valley Medical Center-QV Campus	33	0%	99%
3	Alhambra Hospital	32	0%	99%
0	Anaheim Memorial Medical Center	30	0%	99%
3	San Gabriel Valley Medical Center	30	0%	99%
0	Orange Coast Memorial Medical Center 2	9	0%	99%
0	College Hospital Costa Mesa	28	0%	100%
2	Verdugo Hills Hospital	28	0%	100%
2	Kaiser Fnd Hospital-Woodland Hills	26	0%	100%
2	Northridge Hospital Medical Center	25	0%	100%
3	Vista Specialty Hospital of San Gabriel Valley	23	0%	100%
2	Encino-Tarzana Regional Medical Center-Tarzana	22	0%	100%
0	Western Medical Center-Santa Ana	19	0%	100%
0	Kaiser Fnd Hospital-Riverside	18	0%	100%
2	Providence Holy Cross Medical Center	18	0%	100%
0	Scripps Mercy Hospital	18	0%	100%
3	Greater El Monte Community Hospital	17	0%	100%
2	Pacifica Hospital of The Valley	17	0%	100%
0	Riverside County Regional Medical Center	17	0%	100%
2	Encino-Tarzana Regional Medical Center-Encino	15	0%	100%
0	Kindred Hospital Westminster	15	0%	100%
0	St. Joseph Hospital-Orange	13	0%	100%
0	Chino Valley Medical Center	12	0%	100%
0	Community Hospital of San Bernardino	12	0%	100%
0	St. Jude Medical Center	12	0%	100%
3	Citrus Valley Medical Center-LC Campus	11	0%	100%
0	Hoag Memorial Hospital Presbyterian	11	0%	100%
0	Garden Grove Hospital and Medical Center	10	0%	100%
2	Henry Mayo Newhall Memorial Hospital	10	0%	100%
0	Riverside Community Hospital	10	0%	100%
0	Scripps Mercy Hospital-Chula Vista	10	0%	100%
0	Western Medical Center Hospital-Anaheim	10	0%	100%
0	Parkview Community Hospital Medical Center	9	0%	100%
0	Moreno Valley Community Hospital	7	0%	100%
0	Desert Regional Medical Center	6	0%	100%
3	Pomona Valley Hospital Medical Center	6	0%	100%
0	Southwest Healthcare System-Murrieta	6	0%	100%
0	St. Mary Regional Medical Center	6	0%	100%
0	West Anaheim Medical Center	6	0%	100%
0	Grossmont Hospital	5	0%	100%
0	Kern Medical Center	5	0%	100%
0	Los Robles Hospital and Medical Center	5	0%	100%

Continued on next page.

SPA	Hospital Name	Discharges	Percent	Cumm %
5	Century City Doctors Hospital	4	0%	100%
0	El Centro Regional Medical Center	4	0%	100%
0	Huntington Beach Hospital	4	0%	100%
2	Motion Picture and Television Hospital	4	0%	100%
0	Sharp Chula Vista Medical Center	4	0%	100%
0	UCSF Medical Center	4	0%	100%
0	University Of Calif-San Diego Medical Center	4	0%	100%
0	Alta Bates Summit Medical Center-Summit Campus-Hawthorne	3	0%	100%
0	Chapman Medical Center	3	0%	100%
0	Placentia Linda Hospital	3	0%	100%
0	St. Francis Memorial Hospital	3	0%	100%
0	St. John's Regional Medical Center	3	0%	100%
0	Barstow Community Hospital	2	0%	100%
0	Children's Hospital-San Diego	2	0%	100%
0	Coastal Communities Hospital	2	0%	100%
0	Corona Regional Medical Center-Main	2	0%	100%
0	Desert Valley Hospital	2	0%	100%
3	Doctors Hospital of West Covina, Inc.	2	0%	100%
3	Foothill Presbyterian Hospital-Johnston Memorial	2	0%	100%
0	Kaiser Fnd Hospital-Oakland Campus	2	0%	100%
0	Kaiser Fnd Hospital-San Diego	2	0%	100%
0	Kaiser Fnd Hospital-Santa Teresa Community Hospital	2	0%	100%
4	Miracle Mile Medical Center	2	0%	100%
0	Paradise Valley Hospital	2	0%	100%
0	Redlands Community Hospital	2	0%	100%
0	San Francisco General Hospital	2	0%	100%
0	San Geronio Memorial Hospital	2	0%	100%
0	Scripps Memorial Hospital-La Jolla	2	0%	100%
0	Sharp Mary Birch Hospital For Women	2	0%	100%
0	Sharp Memorial Hospital	2	0%	100%
0	St. Agnes Medical Center	2	0%	100%
0	St. Bernardine Medical Center	2	0%	100%
0	St. Rose Hospital	2	0%	100%
2	Thousand Oaks Surgical Hospital	2	0%	100%
0	Tri-City Medical Center	2	0%	100%
0	University Medical Center	2	0%	100%
0	Ventura County Medical Center	2	0%	100%
0	Bakersfield Memorial Hospital-34th Street	1	0%	100%
3	East Valley Hospital Medical Center	1	0%	100%
0	Kaweah Delta District Hospital	1	0%	100%
0	Kingsburg Medical Center	1	0%	100%
0	Marian Medical Center	1	0%	100%
0	Mission Hospital Regional Medical Center	1	0%	100%
0	Ridgecrest Regional Hospital	1	0%	100%
Grand Total		115,428		

Source: 2005 OSPHD Inpatient Discharge Data.

Primary Care Clinics

Chart 70: 2005 OSHPD Reported Primary Care Clinics in SPA 6 (FTEs and Encounters by Clinic).

■ Licensed Closed ■ Did Not Report Physician Visits

Facilities	Physician FTEs	Physician Encounters	Dental FTEs	Dental Encounters	Psychiatrist FTEs	Psychiatry Encounters	Psychologist FTEs	Psychology Encounters	Total Visits
Baart Comm. Healthcare (BCH)-Southeast Clinic	0.35	6,521	0	0	0	0	0	0	6,521
California Fam. Care Med. Grp. Clinica Paralas Mujer	1	1,681	0	0	0	0	0	0	3,180
California Family Care Med. Group King Center Clinic	1	1,819	0	0	0	0	0	0	1,819
California Family Care Medical Grp., Foshay Clinic	0.75	2,489	0	0	0	0	0	0	5,980
Central City Community Health Center	1	5,875	0	0	0	0	0	0	15,852
Compton Central Health Clinic, Inc.	2	32,612	0	0	0	0	0	0	58,243
Crenshaw Community Health Center	1.5	5,292	0	0	0	0	0	0	5,477
Dual Diagnosis Assessment and Treatment Center Inc.	0	0	0	0	0	0	0	0	0
Jwch Womens Health Ctr.	0.5	5,228	0	0	0	0	0	0	9,679
Magic Johnson School Based Health Clinic	0	0	0	0	0	0	0.5	837	1,332
Orthopaedic Hospital Outpatient Medical Center	5.7	2,035	0	0	0	0	0.5	3	2,264
Planned Parenthood LA-Dorothy Hecht Center	0	0	0	0	0	0	0	0	2,594
South Central Family Health Center	4.75	17,237	0	0	0	0	0	0	38,545
St. Anthony Medical Center/Imperial Clinic	1	5,595	0	0	0	0	0	0	5,595
St. Johns Well Child and Family Center-Dental Clinic	0	0	2	7,935	0	0	0	0	7,935
St. Johns Well Child and Family Center	3	12,904	0	0	0	0	0	0	20,806
St. Johns Well Child and Family Center-Dr. Louis	2	4,617	1	1,663	0	0	0	0	8,133
St. Johns Well Child Center/Compton	2	10,112	2	6,081	0	0	0	0	20,891
T.H.E. Clinic At Ruth Temple Health Center	0.97	2,733	0	0	0	0	0	0	3,201
T.H.E. Clinic, Inc.	1.98	4,605	0	0	0.2	487	0	0	15,910
Umma Free Clinic	4	6,747	0	0	0	0	0	0	6,747
USC-Univ. Park Health Ctr.	10.89	28,221	0	0	1.1	855	7.61	6,201	50,289
Watts Health Center	11	41,132	4.3	14,596	0	0	0	0	74,921
Total	55.39	197,455	9.3	30,275	1.3	1,342	8.61	7,041	365,914

Source: 2005 OSHPD Primary Care Utilization Data, Sept. 2006.

Primary Care Utilization Benchmarks

Chart 71: 2005 primary care visits and utilization by SPA.

SPA	2005 Population	SPA PCP Visits	PCP Utilization
1	334,119	22,604	67.65
2	2,122,470	467,787	220.40
3	1,840,912	217,386	118.09
4	1,192,961	927,701	777.65
5	655,441	141,631	216.09
6	1,080,305	365,914	338.71
7	1,414,458	251,579	177.86
8	1,540,255	243,556	158.13
Total	10,180,920	2,638,158	259.13

Chart 72: 2005 primary care visits and utilization by select counties.

County	Population	PCP Visits	PCP Utilization
Los Angeles	9,758,886	2,595,763	265.99
Sacramento	1,337,942	140,067	104.69
San Bernardino	1,916,665	168,714	88.02
San Diego	2,824,259	1,379,895	488.59
San Francisco	719,077	524,190	728.98
California	36,457,549	4,808,629	131.90

Chart 73: 2005 primary care visits to SPA 6 facilities.

Facility Name	PCP Enc.	% Enc	Cumm %
Watts Health Center	74,921	20%	20%
Compton Central Health Clinic, Inc.	58,243	16%	36%
USC-University Park Health Center	50,289	14%	50%
South Central Family Health Center	38,545	11%	61%
St. Johns Well Child Center/Compton	20,891	6%	66%
St. Johns Well Child And Family Center	20,806	6%	72%
T.H.E. Clinic, Inc.	15,910	4%	76%
Central City Community Health Center	15,852	4%	81%
Jwch Womens Health Center	9,679	3%	83%
St. Johns Well Child And Family Center-Dr. Louis	8,133	2%	86%
St. Johns Well Child And Fam Center-Dental Clinic	7,935	2%	88%
Umma Free Clinic	6,747	2%	90%
Baart Community Healthcare (Bch)-Southeast Clinic	6,521	2%	91%
California Family Care Medical Group, Foshay Clinic	5,980	2%	93%
St. Anthony Medical Center/Imperial Clinic	5,595	2%	95%
Crenshaw Community Health Center	5,477	1%	96%
T.H.E. Clinic At Ruth Temple Health Center	3,201	1%	97%
California Fam. Care Med. Grp. Clinica Paralas Mujer	3,180	1%	98%
Planned Parenthood Los Angeles-Dorothy Hecht Center	2,594	1%	99%
Orthopaedic Hospital Outpatient Medical Center	2,264	1%	99%
California Family Care Medical Group King Center Clinic	1,819	0%	100%
Magic Johnson School Based Health Clinic	1,332	0%	100%
Dual Diagnosis Assessment and Treatment Center Inc.	0	0%	100%
Total		365,914	100%

Source: 2005 OSHPD Primary Care Utilization Data, Sept. 2006.

Primary Care Clinics Detailed – Revised

Chart 74: 2005 OSHPD Reported Primary Care Clinics in SPA 6 (FTEs and Encounters by Clinic).

SPA 6 Primary Care Clinics	City	Type	Organization Type	Licensed	FQHC Clinic
Baart Community Healthcare (BCH)-Southeast Clinic	Los Angeles	Community Clinic	PPP, Primary	Open	Neither
California Fam. Care Medical Group Clinica Para las Mujer	Los Angeles	Community Clinic	PPP, Primary	Open	Neither
California Family Care Medical Group King Center Clinic	Los Angeles	Community Clinic		Closed	Neither
California Family Care Medical Group, Foshay Clinic	Los Angeles	School Based	PPP, Primary	Open	Neither
Central City Community Health Center	Los Angeles	Community	Clinic PPP, Primary	Open	FQHC Look-Alike
Central Neighborhood Medical Group	Los Angeles	PPP	PPP, Primary	n/a	n/a
Compton Central Health Clinic, Inc.	Compton	Community Clinic	PPP, Primary	Open	Neither
Dollarhide Health Center	Compton	County	Personal Health Center	Open	
Dual Diagnosis Assessment And Treatment Center Inc.	Los Angeles		Community Clinic	Open	UNKNOWN
H. Claude Hudson Comprehensive Health Center	Los Angeles	County	Comprehensive Hlth Ctr	Open	n/a
Holmes Avenue School Health Center*	Los Angeles	School Based	Primary		
Hubert H. Humphrey Comprehensive Health Center	Los Angeles	County	Comprehensive Hlth Ctr	Open	n/a
Martin Luther King, Jr./Harbor Hospital	Los Angeles	County	Primary	Open	
Orthopaedic Hospital Outpatient Medical Center	Los Angeles	Community Clinic		Open	Neither
Planned Parenthood Los Angeles-Dorothy Hecht Center	Los Angeles	Community Clinic		Open	Neither
Sacred Heart Family Medical Clinics	Paramount	PPP	PPP, Primary	n/a	n/a
South Central Family Health Center	Los Angeles	Community Clinic	PPP, Primary	Open	FQHC
South Central Family Health Center-Accelerated School	Los Angeles	School Based	PPP, Primary	Open	FQHC
St. Anthony Medical Center/Imperial Clinic	Los Angeles	Community Clinic		Open	FQHC Look-Alike
St. John's Well Child & Family Center-Compton Clinic	Compton	Free Clinic	PPP, Dental, Primary	Open	FQHC
St. John's Well Child & Family Ctr.-Cesar Chavez/Harriet	Compton	School Based	Primary	Open	
St. John's Well Child & Family Health Center-Bunche Middle	Compton	School Based	Primary		Neither
St. John's Well Child & Family Health Center-Dominguez	Compton	School Based	Primary	Open	
St. John's Well Child & Family Health Center-Lincoln High	Los Angeles	School Based	Primary	Open	
St. John's Well Child & Family Center-Hyde Park School	Los Angeles	School Based	PPP, Primary		FQHC
St. John's Well Child And Family Center-Downtown Clinic	Los Angeles	Free Clinic	PPP, Dental, Primary	Open	FQHC
St. John's Well Child And Family Center-Downtown Dental	Los Angeles	Community Clinic	Dental	Open	FQHC
St. John's Well Child And Family Center-Dr. Louis Frayser	Los Angeles	Community Clinic	PPP, Primary	Open	FQHC
T.H.E. Clinic at Ruth Temple Health Center	Los Angeles	Community Clinic	PPP, Primary	Open	FQHC
UMMA Community Clinic	Los Angeles	Community Clinic	PPP, Primary	Open	Neither
USC-University Park Health Center	Los Angeles	Community Clinic		Open	Neither
Watts Health Center	Los Angeles	Community Clinic	PPP, Dental, Primary	Open	FQHC
Watts Health Center-Crenshaw Community Health Center	Los Angeles	Community Clinic	PPP, Primary	Open	FQHC
Watts Health Center-House of Uhuru	Los Angeles				
Watts Health Center-Magic Johnson School Based Health	Los Angeles	School Based	Primary	Open	FQHC

*provides CHDP exams and limited primary care. Source: LACDHS DHS and DPH Clinic Listing, Southside Coalition of Community Health Centers; Feedback from Advisory Group.

Primary Care Clinics (SPA 6 and 10-Mile)

Chart 75

SPA	Facility Name	Address
4	Ahf Healthcare Center-Downtown	1414 So. Grand Ave., No.400
4	Altamed Medical And Dental Group-E.L.A.Boyle Heights	3945 E. Whittier Blvd.
4	Altamed/Buenacare Health Clinic	1701 Zonal Avenue
4	Arroyo Vista Family Health Center-Lincoln Heights	2411 N. Broadway
4	Baart Beverly Clinic	1926 W. Beverly Blvd.
4	California Family Care Medical Group, Womens Health	1400 South Grand Ave.
4	California Family Care Medical Group Primeros Pasitos	113 West 9th Street
4	California Family Care Medical Group	1414 South Grand Ave. Suite 200
4	Chinatown Service Center Family Health Clinic	767 N Hill Street, 2nd Floor
4	City Help Wellness Center	2301 Bellevue Ave.
4	Clinica Monsenor Oscar A. Romero	2032 Marengo Street
4	Clinica Msr Oscar A Romero	123 S. Alvarado
4	Eisner Pediatric And Family Medical Center	1500-30 South Olive Street
4	Elizabeth Center For Cancer Detection, The	1230 West Third Street, 4th Floor
4	Hollywood Sunset Free Clinic	3324 Sunset Boulevard
4	Inst For Multicultural Counseling And Ed Svcs Inc	3580 Wilshire Blvd., Ste. 2000
4	Jwch Institute, Inc, Medical Clinic/Weingart Center	515 East 6th Street
4	Jwch Medical Clinic	340 N. Madison Avenue
4	Kheir Health Service Center	266 S. Harvard Blvd., 3rd Floor
4	Knights Of Malta Free Clinic-Los Angeles	2222 West Ocean View, Ste. 112
4	Koryo Health Foundation	1058 South Vermont Avenue
4	Los Angeles Free Clinic, Inc	8405 Beverly Boulevard
4	Los Angeles Mission Community Clinic	311 East Winston Street
4	Planned Parenthood Los Angeles-Hollywood Center	1014 1/2 North Vermont
4	Planned Parenthood Los Angeles-Bixby Boyle Hts Ctr	560 South Saint Louis Street
4	Planned Parenthood/Bixby Center	1057 Kingston
4	Queenscare Family Clinic-Echo Park	150 North Reno Street
4	Queenscare Family Clinics-Bo Hoon Lee Wilshire Ctr.	3242 West 8th Street
4	Queenscare Family Clinics-Bresee	184 S. Bimini Place
4	Safe Harbor Womens Clinic	721 East 5th Street
4	St. Anthony Medical Center/Pico Clinic	2515 W. Pico Blvd.
4	St. Johns Well Child And Fam Center-Lincoln Heights	2512 Alta Street
4	Ucla School Of Nursing Health Center	545 South San Pedro Street
5	Venice Family Clinic-Robert Levine Fam. Health. Center	905 Venice Boulevard
5	Venice Family Clinic-Mar Vista Gardens Clinic	4909 Marionwood Drive
6	Baart Community Healthcare (Bch)-Southeast Clinic	4920 S. Avalon Blvd.
6	California Fam. Care Med. Grp. Clinica Paralas Mujer	231 West Vernon Ave.
6	California Family Care Med. Grp. King Center Clinic	4501 West M.L. King Blvd.
6	California Family Care Medical Group, Foshay Clinic	3751 S. Harvard Blvd.

City	Zip	Type
Los Angeles	90015	Community Clinic
Los Angeles	90023	Community Clinic
Los Angeles	90033	Community Clinic
Los Angeles	90031	Community Clinic
Los Angeles	90057	Community Clinic
Los Angeles	90015	Community Clinic
Los Angeles	90015	Community Clinic
Los Angeles	90015	Community Clinic
Los Angeles	90012	Community Clinic
Los Angeles	90026	Community Clinic
Los Angeles	90033	Community Clinic
Los Angeles	90057	Free Clinic
Los Angeles	90015	Community Clinic
Los Angeles	90017	Community Clinic
Los Angeles	90026	Free Clinic
Los Angeles	90010	Community Clinic
Los Angeles	90021	Community Clinic
Los Angeles	90004	Community Clinic
Los Angeles	90004	Community Clinic
Los Angeles	90057	Free Clinic
Los Angeles	90006	Community Clinic
Los Angeles	90048	Free Clinic
Los Angeles	90013	Community Clinic
Los Angeles	90029	Community Clinic
Los Angeles	90033	Community Clinic
Los Angeles	90033	Community Clinic
Los Angeles	90026	Community Clinic
Los Angeles	90005	Community Clinic
Los Angeles	90004	Community Clinic
Los Angeles	90013	Community Clinic
Los Angeles	90006	Community Clinic
Los Angeles	90031	Community Clinic
Los Angeles	90013	Community Clinic
Venice	90291	Community Clinic
Culver City	90230	Free Clinic
Los Angeles	90011	Community Clinic
Los Angeles	90037	Community Clinic
Los Angeles	90016	Community Clinic
Los Angeles	90018	Community Clinic

Continued on next page.

SPA	Facility Name	Address
6	Central City Community Health Center	5970 South Central Avenue
6	Compton Central Health Clinic, Inc.	201 N. Central Avenue
6	Crenshaw Community Health Center	3756 Santa Rosalia Dr. Ste 400
6	Dual Diagnosis Assessment And Treatment Center Inc.	1773 Century Blvd.
6	Jwch Womens Health Center	3624 Martin Luther King Jr. Blvd.
6	Magic Johnson School Based Health Clinic	2265 East 103rd Street
6	Orthopaedic Hospital Outpatient Medical Center	2501 South Hope Street
6	Planned Parenthood Los Angeles-Dorothy Hecht Center	8520 S. Broadway
6	South Central Family Health Center	4425 S. Central Avenue
6	St. Anthony Medical Center/Imperial Clinic	837 W. Imperial Hwy.
6	St. Johns Well Child And Fam Center-Dental Clinic	2300 S. Flower St., Suite 303
6	St. Johns Well Child And Family Center	515 West 27th Street
6	St. Johns Well Child And Family Center-Dr. Louis	5701 S. Hoover Street
6	St. Johns Well Child Center/Compton	2115 North Wilmington Avenue
6	T.H.E. Clinic At Ruth Temple Health Center	3834 S. Western Avenue
6	T.H.E. Clinic, Inc.	3860 W Martin Luther King Blvd.
6	Umma Free Clinic	711 West Florence Avenue
6	USC-University Park Health Center	849 West 34th Street
6	Watts Health Center	10300 Compton Avenue
7	Altamed Medical Group-Senior Buenacare	5425 East Pomona Boulevard
7	Altamed Medical Group, Bell	6901 S. Atlantic Blvd.
7	Altamed Medical Group-E.L.A./Whittier	5427 East Whittier Blvd.
7	Altamed Mobil Medical Clinic	5427 Whittier Blvd.
7	Bell Gardens Community Health Center	6912 Ajax Avenue
7	Bell Gardens Family Medical Center	6501 South Garfield Avenue
7	Community Health Care Clinic/N.P.P.	942 South Atlantic Blvd.
7	East Los Angeles Mens Health Center	5257 E. Beverly Blvd.
7	El Proyecto Del Barrio - Mobile Unit	4732 E. 3rd Street
7	Friends Of Children Health Center	301 West Lomas Drive
7	Presbyterian Health Physicians-Womens H/C	10720 S. Paramount Blvd., No.30
7	Queenscare Family Clinics-East L.A.	133 North Sunol Drive
7	Saint Anthony Medical Center-Soto	5725 S. Soto Street
8	Childrens Clinic Family Hlth Ctr., The/N. Long Beach	1060 E. 70th Street
8	Childrens Dental Health Clinic	2801 Atlantic Avenue
8	Inglewood Medical And Mental Health Services	4450 West Century Blvd.
8	Lawndale Medical And Mental Health Services	4023 Marine Ave
8	Planned Parenthood Los Angeles, South Bay Center	14623 Hawthorne Blvd.
8	Pregnancy Help Center	1311 Crenshaw Blvd., Suite A
8	South Bay Childrens Health Center	410 Camino Real
8	South Bay Family Health Care Center	2114 Artesia Blvd.
8	South Bay Family Healthcare Center	742 West Gardena Boulevard
8	The Childrens Clinic	2801 Atlantic Avenue
8	West County Medical Clinic	100 East Market Street

Source: 2005 OSHPD Primary Care Utilization Data, Sept. 2006; LACDHS Clinic Listing

City	Zip	Type
Los Angeles	90001	Community Clinic
Compton	90220	Community Clinic
Los Angeles	90008	Community Clinic
Los Angeles	90002	Community Clinic
Lynwood	90262	Community Clinic
Los Angeles	90002	Community Clinic
Los Angeles	90007	Community Clinic
Los Angeles	90003	Community Clinic
Los Angeles	90011	Community Clinic
Los Angeles	90044	Community Clinic
Los Angeles	90007	Community Clinic
Los Angeles	90007	Free Clinic
Los Angeles	90037	Community Clinic
Compton	90222	Free Clinic
Los Angeles	90062	Community Clinic
Los Angeles	90008	Community Clinic
Los Angeles	90044	Community Clinic
Los Angeles	90089	Community Clinic
Los Angeles	90002	Community Clinic
Los Angeles	90022	Community Clinic
Bell	90201	Community Clinic
Los Angeles	90022	Community Clinic
Los Angeles	90022	Community Clinic
Bell Gardens	90201	Community Clinic
Bell Gardens	90201	Community Clinic
Los Angeles	90022	Community Clinic
Los Angeles	90022	Community Clinic
Los Angeles	90022	Community Clinic
La Habra	90631	Community Clinic
Downey	90241	Community Clinic
Los Angeles	90063	Community Clinic
Huntington Park	90255	Community Clinic
Long Beach	90805	Community Clinic
Long Beach	90801	Community Clinic
Inglewood	90304	Community Clinic
Lawndale	90260	Community Clinic
Lawndale	90260	Community Clinic
Torrance	90501	Community Clinic
Redondo Beach	90277	Community Clinic
Redondo Beach	90278	Community Clinic
Gardena	90248	Community Clinic
Long Beach	90801	Community Clinic
Long Beach	90805	Community Clinic

Specialty Clinics Detailed – Revised

Chart 76

SPA 6 Specialty Care Clinics	City	Type	Control
1736 Family Crisis Center	Compton	Psychology	Non-Profit Corporation (incl. Church-related)
1736 Family Crisis Center LA	Los Angeles	Psychology	Non-Profit Corporation (incl. Church-related)
Baldwin Hills Dialysis Center	Los Angeles	Dialysis	Investor - Limited Liability Company
Compton Comm. Hemodialysis Ctr.	Compton	Dialysis	Investor - Corporation
Florence Dialysis Center	Los Angeles	Dialysis	Investor - Corporation
Gambro Healthcare-LA Downtown	Los Angeles	Dialysis	Investor - Corporation
H. Claude Hudson Comprehensive Health Center	Los Angeles	Comprehensive Hlt Ctr	County
Hubert H. Humphrey Comprehensive Health Center	Los Angeles	Comprehensive Hlt Ctr	County
Imperial Care Dialysis Center	Lynwood	Dialysis	Investor - Corporation
Kenneth Hahn Plaza Dialysis Center	Willowbrook	Dialysis	Investor - Corporation
Kidney Dialysis Care Unit	Lynwood	Dialysis	Investor - Corporation
King/Harbor Hospital	Los Angeles	Hospital - OP Spec. Care	County
Los Angeles Dialysis Center	Los Angeles	Dialysis	Investor - Corporation
M/S Surgery Center	Lynwood	Surgical	Investor - individual
Orthopaedic Hospital Outpatient Medical Center	Los Angeles	Hospital - OP Spec. Care	
Paramount Dialysis Center	Paramount	Dialysis	Investor - Corporation
Rai-Compton-Los Angeles	Los Angeles	Dialysis	Investor - Corporation
University Park Dialysis Center	Los Angeles	Dialysis	Investor - Corporation

Source: LACDHS DHS and DPH Clinic Listing, Feedback from Advisory Group.

Specialty Clinics (SPA 6 and 10-Mile)

Chart 77

SPA	Facility Name	City	Zip	Type	Control
4	California Kidney Care Center	Los Angeles	90015	Dialysis	Investor - Limited Liability Company
4	Gambro Healthcare-White Memorial	Los Angeles	90033	Dialysis	Investor - Corporation
4	Intensive Renal Care, Inc.	Los Angeles	90036	Dialysis	Investor - Corporation
4	Kidney Center of Los Angeles, LLC	Los Angeles	90017	Dialysis	Investor - Limited Liability Company
4	Saint Vincents Dialysis Center	Los Angeles	90057	Dialysis	Non-Profit Corporation (Incl. Church-Related)
4	TRC/USC Kidney Center	Los Angeles	90033	Dialysis	Investor - Corporation
4	Washington Plaza Dialysis Center	Los Angeles	90015	Dialysis	Investor - Corporation
4	Wilshire Dialysis Center	Los Angeles	90017	Dialysis	Investor - Corporation
4	L.A. Corf Services, Inc.	Los Angeles	90017	Rehabilitation	Investor - Corporation
4	Harvard Surgery Center	Los Angeles	90019	Surgical	Investor - Corporation
4	Jin H. Suh, M.D., Medical Office	Los Angeles	90006	Surgical	Investor - Corporation
4	Los Angeles Endoscopy Center	Los Angeles	90020	Surgical	Investor - Corporation
4	Los Angeles Surgical Center	Los Angeles	90057	Surgical	Investor - Corporation
4	Mid-Wilshire Surgery Center	Los Angeles	90036	Surgical	Investor - Limited Liability Company
4	Miracle Mile Outpatient Surgery Center	Los Angeles	90036	Surgical	Investor - Corporation
4	Rose Eye Cataract Surgical Center	Los Angeles	90031	Surgical	
4	St. Vincent Eye Surgery Medical Center	Los Angeles	90057	Surgical	Investor - Corporation
5	Beverly Hills Dialysis Center	Los Angeles	90035	Dialysis	Investor - Corporation
5	Fmcna of Culver City	Culver City	90232	Dialysis	Investor - Corporation
5	Airport Endoscopy Center	Los Angeles	90045	Surgical	Investor - Partnership
5	Beverly Hills Center For Special Surgery	Los Angeles	90035	Surgical	Investor - Corporation
5	Del Rey Surgery Center	Marina Del Rey	90292	Surgical	Investor - Corporation
5	Kerlan-Jobe Surgery Center	Los Angeles	90045	Surgical	Investor - Partnership
5	Specialty Surgical Center Of Beverly Hills, L.P.	Beverly Hills	90211	Surgical	Investor - Partnership
5	Wilshire Surgicenter	Beverly Hills	90211	Surgical	Investor - Corporation
6	Baldwin Hills Dialysis Center	Los Angeles	90016	Dialysis	Investor - Limited Liability Company
6	Compton Community Hemodialysis Center	Compton	90220	Dialysis	Investor - Corporation
6	Florence Dialysis Center	Los Angeles	90003	Dialysis	Investor - Corporation
6	Gambro Healthcare-Los Angeles Downtown	Los Angeles	90007	Dialysis	Investor - Corporation
6	Imperial Care Dialysis Center	Lynwood	90262	Dialysis	Investor - Corporation
6	Kenneth Hahn Plaza Dialysis Center	Willowbrook	90059	Dialysis	Investor - Corporation
6	Kidney Dialysis Care Unit	Lynwood	90262	Dialysis	Investor - Corporation
6	Los Angeles Dialysis Center	Los Angeles	90018	Dialysis	Investor - Corporation
6	Paramount Dialysis Center	Paramount	90723	Dialysis	Investor - Corporation
6	Rai-Compton-Los Angeles	Los Angeles	90059	Dialysis	Investor - Corporation
6	University Park Dialysis Center	Los Angeles	90037	Dialysis	Investor - Corporation
6	1736 Family Crisis Center	Compton	90220	Psychology	Non-Profit Corporation (Incl. Church-Related)

Continued on next page.

SPA	Facility Name	City	Zip	Type	Control
6	1736 Family Crisis Center Los Angeles	Los Angeles	90018	Psychology	Non-Profit Corporation (Incl. Church-Related)
6	M/S Surgery Center	Lynwood	90262	Surgical	Investor - Individual
7	Doctors Dialysis Center of East Los Angeles	Los Angeles	90022	Dialysis	Investor - Corporation
7	Downey Dialysis Center	Downey	90240	Dialysis	Investor - Corporation
7	Fmc Dialysis Services of Bellflower	Bellflower	90706	Dialysis	Investor - Corporation
7	Premier Dialysis Center	Cudahy	90201	Dialysis	Investor - Corporation
7	Rai-East Olympic-Los Angeles	Commerce	90022	Dialysis	Investor - Corporation
7	Downey Surgery Center	Downey	90240	Surgical	Investor - Individual
7	Med-Laser Surgical Center	Montebello	90604	Surgical	Investor - Corporation
7	Southern California Surgery Center	Huntington Park	90255	Surgical	Investor - Corporation
8	Beach Cities Dialysis-Gardena	Gardena	90247	Dialysis	Investor - Limited Liability Company
8	Beach Cities Dialysis-Torrance	Torrance	90509	Dialysis	Investor - Limited Liability Company
8	Bma Carson Community Dialysis	Carson	90746	Dialysis	Investor - Corporation
8	Carson Artificial Kidney Center	Carson	90745	Dialysis	Investor - Limited Liability Company
8	Coastal Dialysis Center	Redondo Beach	90277	Dialysis	Investor - Limited Liability Company
8	Fmc Dialysis Services of North Long Beach	Long Beach	90805	Dialysis	Investor - Corporation
8	Fmc Dialysis Services of West Los Angeles	Inglewood	90301	Dialysis	Investor - Corporation
8	Gambro Healthcare-Airport	Inglewood	90304	Dialysis	Investor - Corporation
8	Gambro Healthcare-Inglewood	Inglewood	90301	Dialysis	Investor - Corporation
8	Gambro Healthcare-West Inglewood	Inglewood	90301	Dialysis	
8	Pacific Gateway Dialysis	Gardena	90248	Dialysis	Investor - Limited Liability Company
8	Rai-Centinela-Inglewood	Inglewood	90301	Dialysis	Investor - Corporation
8	Renal Services Group of Inglewood, LLC	Inglewood	90301	Dialysis	Investor - Limited Liability Company
8	Sunrise Dialysis Center	Hawthorne	90250	Dialysis	Investor - Corporation
8	TRC/Harbor-UCLA Mfi-Total Renal Dialysis Ctr.	Torrance	90502	Dialysis	Investor - Corporation
8	Guidance Center, The	Long Beach	90807	Psychology	Non-Profit Corporation (Incl. Church-Related)
8	Centinela Valley Endoscopy Center	Inglewood	90301	Surgical	Investor - Corporation
8	Endoscopy Center At Skypark	Torrance	90505	Surgical	Investor - Corporation
8	Pacific Coast Surgery Center	Torrance	90505	Surgical	Investor - Corporation
8	Pacific Endo-Surgical Center	Torrance	90505	Surgical	Investor - Partnership
8	Prairie Avenue Surgery Center	Inglewood	90301	Surgical	Investor - Corporation
8	Torrance Surgery Center, L.P.	Torrance	90505	Surgical	Investor - Partnership

Source: 2005 OSHPD Specialty Utilization Data, Sept. 2006; LACDHS Clinic Listing.

Specialty Clinics (Private/Stand Alone)

The table below identifies specialty clinics within or surrounding SPA 6. (See Chart 78).

Methodology

- Specialty clinics were identified by searching yahoo yellow pages.
- Search requests were for 'Outpatient Surgery Centers' and 'Surgery Centers'.
- Locations included city of Compton, Los Angeles, Lynwood, and Willowbrook (clinics were not included if they were over 15 miles from target city).

Chart 78: Outpatient Surgery Centers/Surgery Centers.

Facility Name	Address	City
Center For Outpatient Surgery	15141 Whittier Blvd. # 130	Whittier
Genender, Catherine-Marina Outpatient Surgery Center	4560 Admiralty Way	Marina Del Rey
Huntington Outpatient Surgery	797 S Fair Oaks Ave	Pasadena
Beverly Outpatient Surgery Center	267 N Canon Dr	Beverly Hills
Bedford Outpatient Surgery Center	436 N Bedford Dr # 101	Beverly Hills
Shammas Eye Medical Center	3510 Martin Luther King Jr	Lynwood
Southern California Surgery	7305 Pacific Blvd.	Huntington Park
Downey Eye Center	11546 Downey Ave	Downey
Bellflower Medical Center	9604 Artesia Blvd. # 200	Bellflower
Fombe Ndiforchu Inc	454 E Carson Plaza Dr # 110	Carson
Prairie Avenue Surgery Center	433 N Prairie Ave	Inglewood
A Sinus Care Center	103 S Locust St.	Inglewood
Harbor UCLA Medical Center	1000 W Carson St. # 449	Torrance
Dinsmore Eye Center	19000 Hawthorne Blvd. # 110	Torrance
Plaza Eye & Surgery Center	1414 S Grand Ave # 1400	Los Angeles

Source: Yahoo Yellow Pages.

Diagnostic Imaging Centers

The table below identifies Imaging Centers within or surrounding SPA 6. (See Chart 79).

Methodology

- Imaging Centers were identified by searching yahoo yellow pages.
- Search requests were for 'Diagnostic Imaging' and 'Imaging Centers'.
- Locations included city of Compton, Los Angeles, Lynwood, and Willowbrook (clinics were not included if they were over 15 miles from target city).

Chart 79: *Diagnostic Imaging Centers.*

Facility Name	Address	City
H B Imaging Center	2670 E Gage Ave.	Huntington Park
Harbor UCLA Diagnostics Center	21828 Normandie Ave.	Torrance
Diagnostic Imaging Center	110 S La Brea Ave. # 150	Inglewood
Good Samaritan Hospital	1225 Wilshire Blvd.	Los Angeles
Harvard Diagnostic Imaging Center	3130 W Olympic Blvd. # 200	Los Angeles
Diagnostic MRI Center	1668 S Garfield Ave.	Alhambra
South Bay Sleep Center	3445 Pacific Coast Hwy.	Torrance
L & S Diagnostic Center Inc,	5170 Santa Monica Blvd.	Los Angeles
Universal MRI Center	5757 Wilshire Blvd. # 100	Los Angeles
Pacific Diagnostic Testing Center	9310 Valley Blvd.	Rosemead
Omega Ultrasound Center	4668 Hollywood Blvd.	Los Angeles
Center of Diagnostic Imaging	6200 Wilshire Blvd. # 101	Los Angeles
Robertson Surgical Center	150 N Robertson Blvd.	Beverly Hills
Rest Assured Sleep Center	8631 W 3rd St.	Los Angeles
Liberty Medical Center	2222 Santa Monica Blvd. # 301	Santa Monica
Magnolia Medical Imaging Center	14571 Magnolia St. # 101	Westminster
RGH Imaging Center Inc.	650 W Duarte Rd.	Arcadia
Arcadia Mri Center	638 W Duarte Rd. # 2	Arcadia
KMG Diagnostic Center	326 E Broadway	Glendale
Eleanor Azurin MD Inc.	7700 Pacific Blvd.	Huntington Park
La Ultra Sound Diagnostic	6611 Seville Ave.	Huntington Park
Modern Diagnostics Imaging Inc .	3513 Whittier Blvd.	Los Angeles
Image Diagnostics Inc.	5615 Whittier Blvd.	Los Angeles
Brentwood Magnetic Imaging	1280 S Central Ave. # H	Los Angeles
Vernon Radiology	231 W Vernon Ave. # 111	Los Angeles
Hologic Imaging	5351 9th Ave.	Los Angeles
GCC Imaging 2	633 Aerick St.	Inglewood
Hawthorne Nuclear Imaging Med	4477 W 118th St.	Hawthorne

Source: Yahoo Yellow Pages.

Diagnostic and Treatment Projections

Chart 80: *Imaging Use Rates by age cohort.*

Modality	Use Rates by Age Cohort			
	0-17	18-44	45-64	65+
Angiography/Interventional	3	8	16	31
Bone Density	0	4	49	74
Computerized Tomography	24	66	122	244
Dx Nuclear Medicine	3	9	20	36
Echocardiography	21	23	60	203
Fluoroscopy	4	17	30	58
Gynecological Ultrasound	5	47	60	39
Magnetic Resonance Angiography	-	2	5	11
Magnetic Resonance Imaging	16	51	85	98
Mammography	1	79	335	285
Nuclear Cardiology	-	5	43	111
OB Ultrasound	5	106	18	6
Other	1	3	10	3
Plain Films	257	315	512	1,030
Positron Emission Tomography	-	-	2	2
Ultrasound General	14	36	72	150

Source: Imaging Economics use rates; KSA Analysis.

Chart 81: 2005 Total Imaging Volumes.

Service Type	Angiography/ Interventional	Bone Density	CT	Dx Nuclear Medicine	Echo	Fluoroscopy
Inpatient	1,002	0	8,056	1,183	4,557	1,917
Outpatient	9,021	16,760	72,504	10,647	41,016	17,257
Total	10,023	16,760	80,560	11,830	45,574	19,175

Chart 82: Imaging Use Rates/Population by Age Cohort

Age Cohort	Angiography/ Interventional	Bone Density	CT	Dx Nuclear Medicine	Echo	Fluoroscopy
0 - 17	3.1	0.4	24.2	3.1	20.6	4.5
18 - 44	7.9	3.6	66.3	9.4	23.4	16.5
45 - 64	15.5	49.0	121.5	19.5	60.0	30.0
65+	31.0	73.5	244.0	36.0	202.5	57.5

Chart 83

Assumptions	Angiography/ Interventional	Bone Density	CT	Dx Nuclear Medicine	Echo	Fluoroscopy
Inpatient	10%	0%	10%	10%	10%	10%
Outpatient	90%	100%	90%	90%	90%	90%

Source: 2005 OSPHD Inpatient Discharge Data; 2007 AHA Guide, 2006 Solucient Guide; KSA Analysis.

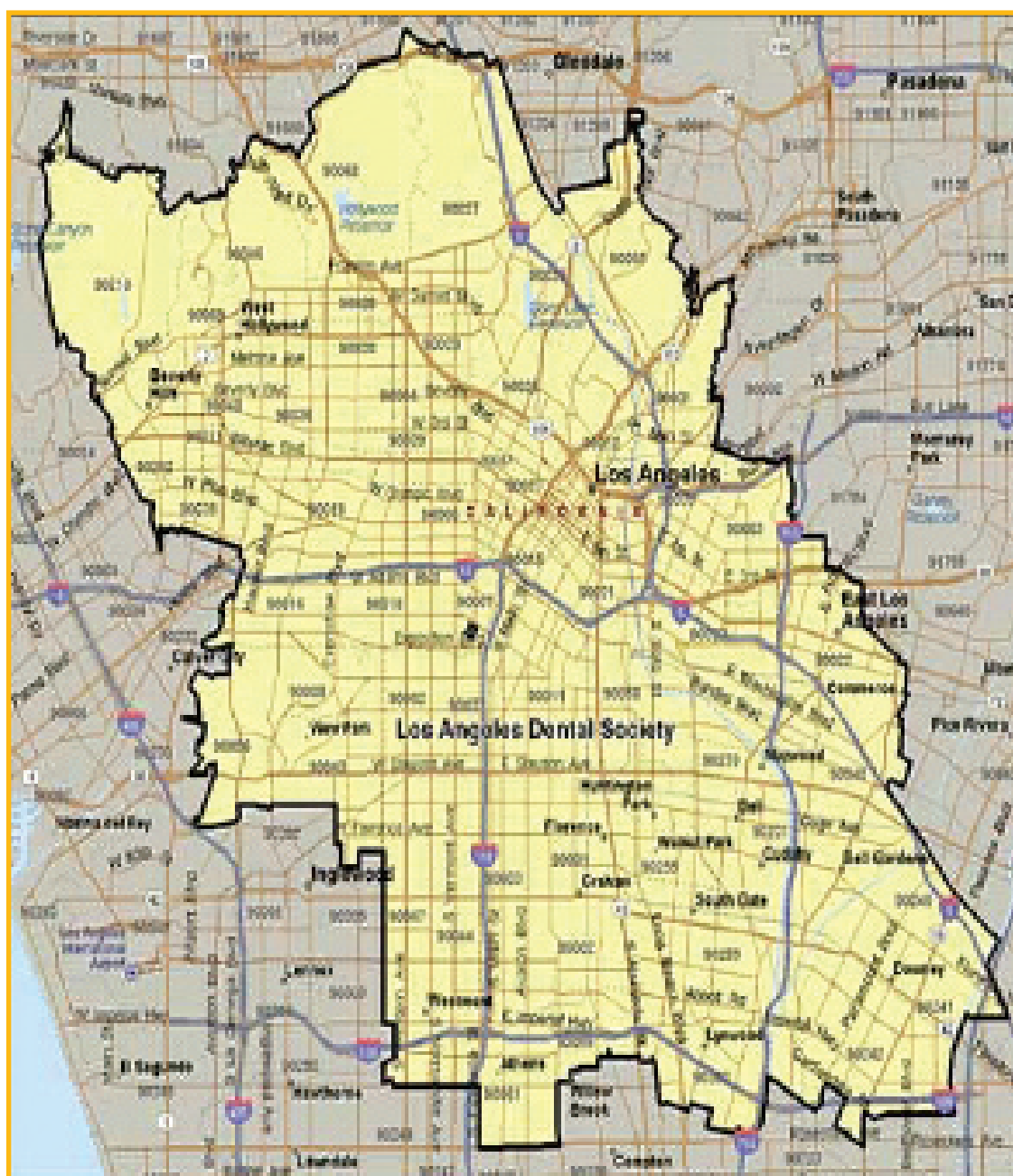
MRA	MRI	Mammo	Nuclear	Other Cardiology	Gen Rad	PET	Ultrasound
235	5,208	0	1,896	366	41,313	27	13,593
2,112	46,869	120,104	17,062	3,294	371,820	505	122,341
2,347	52,076	120,104	18,957	3,660	413,133	532	135,934

MRA	MRI	Mammo	Nuclear	Other Cardiology	Gen Rad	PET	Ultrasound
0.0	16.1	1.3	0	0.9	256.8	0.0	24.6
1.5	50.9	78.7	4.5	3.1	315.2	0.0	188.9
4.5	85.0	334.5	43	9.5	511.5	2.0	149.5
10.5	97.5	285.0	111.0	2.5	1030.0	2.0	195.0

MRA	MRI	Mammo	Nuclear	Other Cardiology	Gen Rad	PET	Ultrasound
10%	10%	0%	10%	10%	10%	5%	10%
90%	90%	100%	90%	90%	90%	95%	90%

LA Dental Society Map

Chart 84: Map of coverage area for LA Dental Society.



Source: LA Dental Society www.ladental.com.

Trauma and Emergency Services

Chart 85

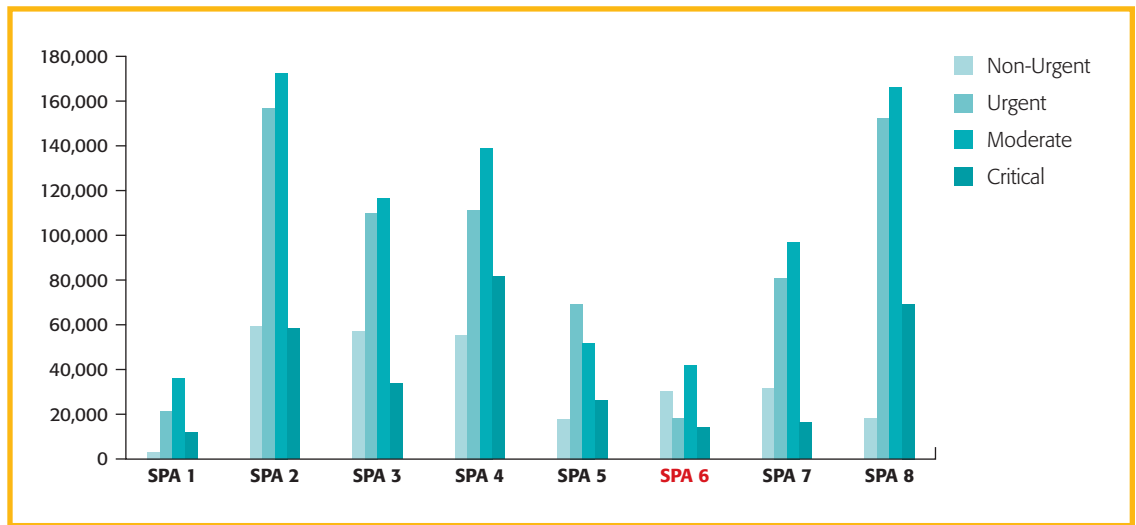
■ Closed ED ■ Closed Hospital

SPA 6 and Other	Hospital Name	Trauma Center	Level	Date Desig	Status Change	ED
SPA 6	Rancho Los Amigos National Rehab Ctr.					
SPA 6	LAC-King-Drew Medical Center			Dec-83	Dedesignated	Y
SPA 6	Los Angeles Metro Medical Center					
SPA 6	St. Francis Medical Center	T	Level II	Jan-96		Y
SPA 6	Suburban Medical Center (PROMISE/SNF)					
SPA 6	Orthopedic Hospital					
10 mile	Bellflower Medical Center					Y
10 mile	Kaiser Foundation Hospital Bellflower					Y
10 mile	Downey Regional Medical Center					Y
10 mile	Community Hospital of Gardena					
10 mile	Memorial Hospital of Gardena					Y
10 mile	Robert F. Kennedy Medical Center					
10 mile	Comm Hospital of Huntington Park					
10 mile	Centinela Hospital Centinela Campus					Y
10 mile	Centinela Hospital Freeman Campus			Jun-84	Dedesignated	Y
10 mile	Centinela Hospital Marina Campus					
10 mile	Lakewood Regional Medical Center					Y
10 mile	California Hospital Medical Center	T	Level II	Jul-84	Redesignated	Y
10 mile	Good Samaritan Hospital					Y
10 mile	Midway Hospital Medical Center					Y
10 mile	Pacific Alliance Medical Center					
10 mile	St. Vincent Medical Center					
10 mile	Temple Community Hospital					
10 mile	East Los Angeles Doctors Hospital					Y
10 mile	LAC/USC Medical Center	T	Adult I/Ped II	Dec-83	Added Pediatric	Y
10 mile	Los Angeles Community Hospital					Y
10 mile	Santa Marta Hospital (ELASTAR)					
10 mile	USC University Hospital					Y
10 mile	White Memorial Medical Center					Y
10 mile	LAC-Harbor-UCLA Med Center	T	Adult I/Ped II	Dec-83	Added Pediatric	Y
10 mile	Prov-Little Company of Mary					Y
10 mile	Torrance Memorial Medical Center					Y

Source: Kurt Salmon and Associates, Phase II: Data Analysis and Report of Findings, Prepared for the California HealthCare Foundation (May 5, 2005). Confirmed by hospital websites and Emergency Medical Services Authority, Designated Trauma Centers as of November 2006 http://www.emsa.cahwnet.gov/emsddivision/trma_ctr.pdf.

Demand for Trauma and Emergency Services

Chart 86: In 2004, most emergency visits were categorized as moderate and urgent visits.



Emergency Services

2004 Emergency Department data by SPA (Note population data is for 2005)

- SPA 6 had the lowest number of ED treatment stations per population compared to other SPA's and LA County. (See Chart 87).

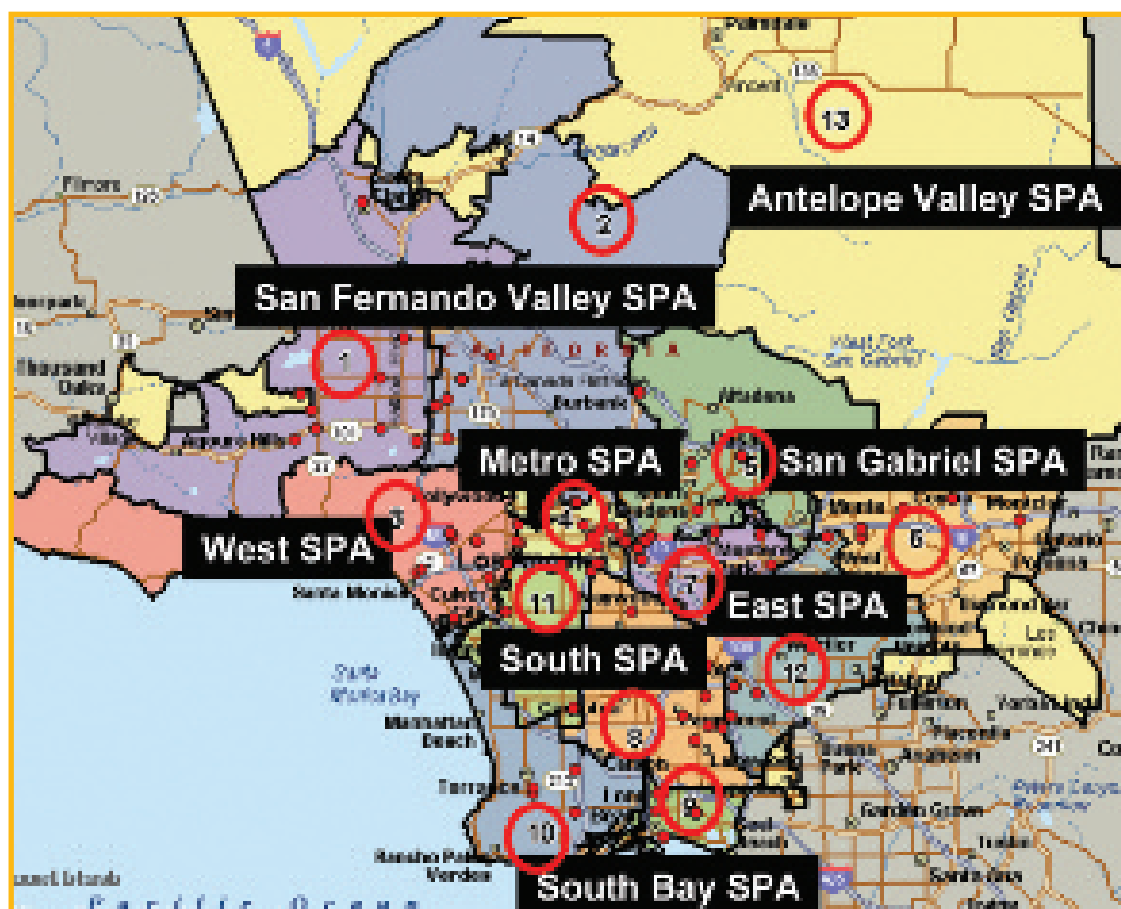
Chart 87: Emergency Services.

Emergency Services	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8	LAC
ED Visits	104,772	530,359	393,087	527,087	193,195	128,075	277,638	504,706	2,658,919
% Visits	4%	20%	15%	20%	7%	5%	10%	19%	100%
Admissions from ED	6,008	85,433	70,443	93,756	28,886	10,802	37,915	87,483	430,726
% Admits	4%	20%	16%	22%	7%	3%	9%	20%	100%
Treatment Stations	36	319	255	247	115	77	163	300	1512
Population	334,119	2,122,470	1,840,912	1,192,961	655,441	1,080,305	1,414,458	1,540,255	10,180,920
Tx Stations/1,000 Pop	10.77	15.03	13.85	20.70	17.55	7.13	11.52	19.48	14.85

Source: OSHPD 2002 – 2004 ED Pivot; Claritas 2004; KSA Analysis.

KSA/CHCF Study

Chart 88: Geographical Areas Overlap with County Service Planning Areas.



SPA	Area
Antelope Valley	13
San Fernando Valley	1 and 2
San Gabriel	5 and 6
Metro	4
West	3
South	8 and 11
East	7 and 12
South Bay	9 and 10

1 - San Fernando	8 - South
2 - San Fernando	9 - South Bay
3 - West	10 - South Bay
4 - Metro	11 - South
5 - San Gabriel	12 - East
6 - San Gabriel	13 - Antelope Valley
7 - East	

Source: Kurt Salmon and Associates, Phase II: Data Analysis and Report of Findings, Prepared for the California HealthCare Foundation (May 5, 2005).

KSA/CHCF Study – Summary of Findings

Twenty six indicators were used to identify areas most at risk for limited access to emergency and trauma services. (See Chart 89).

The consolidated findings suggest that the following four LA County communities seem to face the greatest overall challenges: Southeast, South Central, Downtown and East LA. SPA 6 maps to Southeast and South Central LA.

- Both of these areas were consistently identified as the top areas in any series of supply and demand indicators analyzed.

Chart 89: Areas most at risk for limited access to emergency and trauma services.

	Pop. Growth	Most <18	Most 65+	Lowest Income	Most Indigent	Most MediCal	Most Hispanic	Most Diverse	Homicide Rate	% of Hospitals Closed	Most w/o Trauma	Highest w/o ED	Worst Threat w/o ED	Worst D/C to Bed	Bed Need	ED Station Need	Most Crit & Urgt Vists	% ED Admits	Longest Wait Times	Worst 1 Lqty Rating	Highest DSH Pymt	% DSH Eligible	% Revenues DSH	Worst SPC 1 Rating	Worst SPC 2 Rating	SUMMARY	Demand	Capacity	
1 SFVW																								4	0%	24%	1 SFVW		
2 SFVE																								4	22%	12%	2 SFVE		
3 WLA																								2	11%	6%	3 WLA		
4 DT																								9	44%	29%	4 DT		
5 PSDNA																								5	11%	24%	5 PSDNA		
6 INCOV																								2	0%	12%	6 INCOV		
7 ELA																								9	44%	29%	7 ELA		
8 SELA																								18	89%	59%	8 SELA		
9 LB																								3	0%	18%	9 LB		
10 SB																								3	22%	6%	10 SB		
11 SC																								16	56%	65%	11 SC		
12 WTR																								4	11%	18%	12 WTR		
Total Indicators																									26	9	17		

Source: Kurt Salmon and Associates, Phase II: Data Analysis and Report of Findings, Prepared for the California HealthCare Foundation (May 5, 2005).

Trauma and Emergency Services

Bed need assessment for SNF's in SPA 6 (Includes Promise, St. Francis and King Drew). (See Chart 90).

Chart 90: 2005 Skilled Nursing Facilities.

Discharges	Patient Days	ALOS	ADC	Bed Need	Beds Existing	Surplus (Need)
1,840	28,292	15.38	78	86	64 -	22

Chart 91: Long-term Care/Skilled Nursing Facilities – Acute Care.

Facility Name	Beds
California Hospital Medical Center	31
Centinela Freeman Reg Med Ctr.-Centinela	24
Centinela Freeman Reg Med Ctr.-Memorial	0
Community Hospital of Gardena	20
Good Samaritan Hospital-LA	28
Little Company of Mary Hospital	161
Los Angeles Community Hospital	30
Memorial Hospital of Gardena	69
Promise Hospital of East Los Angeles	34
St. Francis Medical Center	30
St. Vincent Medical Center	27
Suburban Medical Center	34
Temple Community Hospital	20
White Memorial Medical Center	41
Grand Total	549

Note: Not shown East Los Angeles Doctors Hospital.

Source: OSHPD HAFD 1205 profile HIRC 10/12/06; OSPHD 2005 Inpatient Discharge Data; KSA Analysis.

Skilled Nursing Facilities – Discharges

2005 discharges generated by SPA 6 population – Destination by hospital and SPA.

Chart 92: Skilled Nursing Facilities Discharges (Patient Origin SPA 6).

SPA	Hospital Name	DC	% DC	% Cumm
8	Centinela Freeman Regional Medical Center-Centinela Campus	333	18%	18%
6	St. Francis Medical Center	315	17%	35%
8	Centinela Freeman Regional Medical Center-Memorial Campus	202	11%	46%
4	California Hospital Medical Center-Los Angeles	184	10%	56%
4	Good Samaritan Hospital-Los Angeles	160	9%	65%
4	St. Vincent Medical Center	146	8%	73%
4	White Memorial Medical Center	116	6%	79%
8	Little Company of Mary Hospital	111	6%	85%
4	Hollywood Presbyterian Medical Center	57	3%	88%
8	Torrance Memorial Medical Center	48	3%	91%
8	Little Company of Mary-San Pedro Hospital	39	2%	93%
8	Long Beach Memorial Medical Center	32	2%	95%
8	Community Hospital of Gardena	18	1%	96%
7	Coast Plaza Doctors Hospital	9	0%	96%
2	Pacifica Hospital of The Valley	7	0%	97%
2	Glendale Memorial Hospital and Health Center	6	0%	97%
8	Pacific Hospital of Long Beach	6	0%	97%
4	Promise Hospital of East Los Angeles-East L.A. Campus	6	0%	98%
6	Promise Hospital of East Los Angeles-Suburban Campus	6	0%	98%
Other	Huntington Beach Hospital	5	0%	98%
7	Presbyterian Intercommunity Hospital	5	0%	98%
4	Los Angeles Community Hospital	3	0%	99%
2	Providence Saint Joseph Medical Center	3	0%	99%
3	Citrus Valley Medical Center-QV Campus	2	0%	99%
2	Glendale Adventist Medical Center-Wilson Terrace	2	0%	99%
3	San Gabriel Valley Medical Center	2	0%	99%
Other	St. Francis Memorial Hospital	2	0%	99%
2	Verdugo Hills Hospital	2	0%	99%
Other	Alta Bates Summit Med Center-Summit Campus-Hawthorne	1	0%	99%
3	Citrus Valley Medical Center-LC Campus	1	0%	99%
4	East Los Angeles Doctors Hospital	1	0%	99%
Other	Kingsburg Medical Center	1	0%	100%
Other	Los Robles Hospital And Medical Center	1	0%	100%
8	Memorial Hospital of Gardena	1	0%	100%
2	Motion Picture and Television Hospital	1	0%	100%
2	Providence Holy Cross Medical Center	1	0%	100%
Other	Sharp Chula Vista Medical Center	1	0%	100%
2	Sherman Oaks Hospital and Health Center	1	0%	100%
Other	St. Jude Medical Center	1	0%	100%
Other	St. Rose Hospital	1	0%	100%
7	Whittier Hospital Medical Center	1	0%	100%
Total		1,840		

Source: OSPHD 2005 Inpatient Discharge Data; KSA Analysis.

Rehabilitative Services

Bed need assessment for inpatient rehab in SPA 6. (See Chart 93).

Chart 93: 2005 Skilled Nursing Facilities.

Discharges	Patient Days	ALOS	ADC	Bed Need	Beds Existing	Surplus (Need)
1,099	18,871	17.17	52	57	0	-57

2005 discharges generated by SPA 6 population – Destination by hospital and SPA.

Chart 94: 2005 Rehab Discharges.

SPA	Hospital Name	DC	% DC	% Cumm
3	LAC/Rancho Los Amigos National Rehab Center	259	24%	24%
5	Centinel Freeman Regional Medical Center-Memorial Campus	232	21%	45%
4	Brotman Medical Center	107	10%	54%
8	Good Samaritan Hospital-Los Angeles	94	9%	63%
8	Cedars Sinai Medical Center	64	6%	69%
4	Pacific Alliance Medical Center, Inc.	52	5%	74%
3	Hollywood Presbyterian Medical Center	50	5%	78%
Other	White Memorial Medical Center	42	4%	82%
3	Lakewood Regional Medical Center	41	4%	86%
2	St. Mary Medical Center	39	4%	89%
2	Centinel Freeman Regional Medical Center-Centinel Campus	26	2%	92%
4	Long Beach Memorial Medical Center	21	2%	93%
Other	Children's Hospital of Los Angeles	15	1%	95%
4	Garfield Medical Center	9	1%	96%
3	La Palma Intercommunity Hospital	9	1%	96%
Other	Little Company of Mary-San Pedro Hospital	9	1%	97%
Other	Huntington Memorial Hospital	6	1%	98%
7	UCLA Medical Center	5	0%	98%
7	Glendale Memorial Hospital and Health Center	4	0%	99%
8	Northridge Hospital Medical Center	4	0%	99%
8	Healthbridge Children's Hospital-Orange	2	0%	99%
2	Providence Holy Cross Medical Center	2	0%	99%
4	Alhambra Hospital	1	0%	99%
2	Citrus Valley Medical Center-LC Campus	1	0%	100%
Other	College Hospital Costa Mesa	1	0%	100%
8	Glendale Adventist Medical Center-Wilson Terrace	1	0%	100%
5	Kaweah Delta District Hospital	1	0%	100%
Other	St. John's Regional Medical Center	1	0%	100%
4	University of California Irvine Medical Center	1	0%	100%
Total		1,099	100%	

Source: OSPHD 2005 Inpatient Discharge Data; KSA Analysis.

Public Health Clinics

Two clinics in SPA 6 designated as public health centers.

Chart 95: Skilled Nursing Facilities Discharges (Patient Origin SPA 6).

SPA 6 Public Health Clinics	City	Type	Organization Type	Services
South Health Center	Los Angeles	County	Public Health Center	STD
Ruth Temple Health Center	Los Angeles	County	Public Health Center	STD, Tuberculosis and Immunizations

Source: LACDHS DHS and DPH Clinic Listing, Feedback from Advisory Group.

Mental Health Facilities

Bed need assessment for inpatient mental health services in SPA 6. (See Chart 96).

Chart 96: 2005 Psychiatric Bed Need.

Discharges	Patient Days	ALOS	ADC	Bed Need	Beds Existing	Surplus (Need)
7,340	70,403	9.59	193	241	262	21

SPA 6 inpatient and outpatient mental health facilities reported by OSHPD 2005. (See Charts 97-98).

Chart 97: Inpatient Psychiatric Facilities.

Facility Name	Beds
Kedren Community Mental Health Center	48
LAC/Martin Luther King Jr/Drew Med Ctr.	76
Los Angeles Metropolitan Medical Center	98
Orthopaedic Hospital	0
St. Francis Medical Center	40
Suburban Medical Center	0
Grand Total	262

Chart 98: Outpatient Psychiatric Facilities.

Outpatient	Facility Name
Psychology	Magic Johnson School Based Health Clinic
Psychology	Orthopaedic Hospital Outpatient Medical Center
Psychiatry	T.H.E. Clinic, Inc.
Psychiatry	USC-University Park Health Center

Source: OSHPD HAFD 1205 profile HIRC 10/12/06; OSHPD 2005 Inpatient Discharge Data; 2005 OSHPD Specialty Utilization Data, Sept. 2006; LACDHS Clinic Listing; KSA Analysis.

Psychiatric – Discharges

2005 discharges generated by SPA 6 population – Destination by hospital and SPA.

Chart 99: 2005 Psychiatric Discharges (SPA 6 Patient Origin).

SPA	Hospital Name	DC	% Cumm
7	College Hospital	692	9%
6	Los Angeles Metropolitan Medical Center	681	19%
6	St. Francis Medical Center	604	27%
6	Kedren Community Mental Health Center	475	33%
3	City of Angels Medical Center-Ingleside Campus	437	39%
2	Mission Community Hospital-Panorama Campus	400	45%
5	Brotman Medical Center	393	50%
8	Del Amo Hospital	311	54%
8	Pacific Hospital of Long Beach	273	58%
4	White Memorial Medical Center	263	62%
Other	College Hospital Costa Mesa	260	65%
3	BHC Alhambra Hospital	228	68%
2	Hollywood Community Hospital Of Van Nuys	217	71%
4	Kaiser Fnd Hospital-Mental Health Center	202	74%
4	Cedars Sinai Medical Center	169	76%
8	Los Angeles Co Harbor-UCLA Medical Center	162	79%
2	Pacifica Hospital of The Valley	149	81%
6	Los Angeles Co Martin Luther King Jr/Drew Med Center	146	83%
7	Bellflower Medical Center	141	85%
8	Centinela Freeman Reg Med Center-Centinela Campus	130	86%
4	Los Angeles Co USC Medical Center	98	88%
2	Tarzana Treatment Center	97	89%
4	Gateways Hospital And Mental Health Center	93	90%
8	Community Hospital of Long Beach	92	91%
5	UCLA Neuropsychiatric Hospital	85	93%
Other	Anaheim General Hospital	82	94%
3	Aurora Charter Oak	75	95%
2	Glendale Memorial Hospital And Health Center	54	95%
3	Aurora Las Encinas Hospital, LLC	43	96%
2	Glendale Adventist Medical Center-Wilson Terrace	42	97%
Other	Western Medical Center Hospital-Anaheim	27	97%
2	Los Angeles County Olive View-UCLA Medical Center	24	97%
Other	Huntington Beach Hospital	22	98%
2	Verdugo Hills Hospital	20	98%
2	Northridge Hospital Medical Center	16	98%
7	Presbyterian Intercommunity Hospital	15	98%
3	Huntington Memorial Hospital	15	99%
8	Little Company of Mary-San Pedro Hospital	13	99%
Other	St. Joseph Hospital-Orange	12	99%
Other	La Palma Intercommunity Hospital	10	99%
4	USC University Hospital	8	99%
Other	Los Alamitos Medical Center	8	99%
8	La Casa Psychiatric Health Facility	8	99%

Continued on next page.

SPA	Hospital Name	DC	% Cumm
Other	Riverside County Regional Medical Center	8	99%
2	Henry Mayo Newhall Memorial Hospital	7	100%
3	Citrus Valley Medical Center-LC Campus	5	100%
Other	Arrowhead Regional Medical Center	5	100%
Other	West Anaheim Medical Center	5	100%
Other	University of California Irvine Medical Center	3	100%
1	Antelope Valley Hospital Medical Center	3	100%
2	Sherman Oaks Hospital and Health Center	2	100%
Other	Canyon Ridge Hospital	2	100%
Other	Alvarado Parkway Institute B.H.S.	2	100%
4	California Hospital Medical Center-Los Angeles	1	100%
2	Encino-Tarzana Regional Med Center-Encino	1	100%
3	East Valley Hospital Medical Center	1	100%
Other	Scripps Mercy Hospital	1	100%
Other	Loma Linda University Behavioral Medicine Center	1	100%
Other	Western Medical Center-Santa Ana	1	100%
Total		7,340	100%

Source: OSPHD 2005 Inpatient Discharge Data; KSA Analysis.

Women, Children and the Elderly

Indexing for next two slides (Facility code applies to AHA guide 2007). (See Chart 100).

Chart 100

Target Population	Facility Code	Description
Pediatrics	18	Pediatric diagnostic/invasive catheterization
Pediatrics	20	Pediatric interventional cardiac catheterization
Pediatrics	22	Pediatric cardiac surgery
Pediatrics	27	Children wellness program
Pediatrics	61	Neonatal intensive care
Pediatrics	62	Neonatal intermediate care
Pediatrics	74	Pediatric intensive care services
Women's Health	12	Birthing room-LDR room-LDRP room
Women's Health	14	Breast cancer screening/mammograms
Women's Health	65	Obstetrics services
Women's Health	101	Fertility Clinic
Women's Health	102	Genetic Testing/Counseling
Women's Health	125	Women's health center/services
Elderly	48	Geriatric services

Chart 101: Hospital services specific to Pediatrics, Women and the Elderly.

■ Closed ED
■ Closed Hospital

SPA 6 and 10-mile	Hospital Name	Pediatrics	Womens	Elderly
SPA 6	Rancho Los Amigos Nat'l Rehab Ctr.	Pediatric Rehab General Med/Surg overflow)	(General Med/Surg overflow)	Gerontology Program
SPA 6	LAC-King-Drew Medical Center	18 27 61 62 74	12 14 65 102 125	48
SPA 6	Los Angeles Metro Med Center		65	
SPA 6	Suburban Med Center (PROMISE/SNF)	Not Reported	Not Reported	Not Reported
SPA 6	St. Francis Medical Center	27 61	12 14 65 125	
SPA 6	Orthopedic Hospital	Outpatient Peds		
10 mile	LAC/USC Medical Center	18 20 22 27 61 74	12 14 65 101 125	48
10 mile	LAC-Harbor-UCLA Medical Center	18 20 22 61 74	12 14 65 101 102 125	48
10 mile	Bellflower Medical Center	8 dedicated beds, Advanced life support, general services	Perinatal Care, Maternity Services, L&D/Postpartum, Mammography	General Med/Surg
10 mile	Community Hospital of Gardena	Unknown	Unknown	Unknown
10 mile	Memorial Hospital of Gardena	Unknown	Unknown	Unknown
10 mile	Comm Hospital of Huntington Park	Unknown	Unknown	
10 mile	Lakewood Regional Medical Center		14 125	Senior Services
10 mile	Midway Hospital Medical Center	possibly a SNF / HH hospital ONLY		
10 mile	Pacific Alliance Med Center	Unknown	LDR/Postpartum, Healthy Mom/Healthy Baby, Mammography	A road to living (Senior Wellness)
10 mile	Temple Community Hospital	Unknown	Female Surgery	Unknown
10 mile	East Los Angeles Doctors Hospital		12 14 65	
10 mile	Los Angeles Community Hospital	Unknown	Unknown	Unknown
10 mile	USC University Hospital		Dedicated/ comprehensive women's services	comprehensive services (Inpatient, health resources, and
10 mile	Kaiser Found. Hospital Bellflower	Only applicable to members	Only applicable to members	Only applicable to members
10 mile	Downey Regional Medical Center	61	12 14 65	
10 mile	Robert F Kennedy Medical Center			
10 mile	Centinel Hospital Centinela Campus	61	14 65 125	48
10 mile	Centinel Hospital Freeman Campus	NICU, pediatric services (incl. surgery and emergency care)	Weight control, general services (not specific to women)	
10 mile	Centinel Hospital Marina Campus	General Med/Surg	General Med/Surg	Arthritis Institute
10 mile	California Hospital Medical Center	61	12 14 65 102 125	
10 mile	Good Samaritan Hospital	61 62	12 14 65 101 102 125	48
10 mile	St. Vincent Medical Center		14	
10 mile	Santa Marta Hospital (ELASTAR)			
10 mile	White Memorial Medical Center	18 20 22 61 62 74	12 14 65 125	48
10 mile	Prov-Little Company of Mary	61	12 65 125	
10 mile	Torrance Memorial Med Center	61	12 14 65 125	

Source: Solucient Profiles of U.S. Hospitals 2006; American Hospital Association 2007; Hospital Websites.

Advisory Group

Objectives

- To **advise** and **inform** such that the research and analyses remain grounded and attainable.
- To ensure the right questions are being asked regarding the medical needs assessment of SPA 6.
- To provide additional data where applicable to help supplement the analyses.
- To provide specific expertise and knowledge.
- To participate in discussion of key issues.

Time Commitment and Schedule

Participation and attendance in phone calls and in-person meetings over the course of Phase I.

Advisory Group Participants

Lark Galloway-Gilliam (Executive Director, Community Health Councils)

Nancy Watson (Policy Director, Community Health Councils)

Irene Dyer (Director, Office of Planning and Analysis, Los Angeles County Department of Health Services)

Gloria Rodriguez (CEO, Community Clinic Association of Los Angeles County)

Brian Nolan (Vice President of Member Services, Community Clinic Association of Los Angeles County)

Nina Vaccaro (Director, Southside Coalition of Community Health Centers)

Barbara Siegel (Managing Attorney, Health Consumer Center of Neighborhood Legal Services)

Wendy Schiffer (Director of Planning, Evaluation and Development, Los Angeles County Department of Public Health Services)

Dr. Kathleen Daly (Medical Director, Adult Systems of Care/Jail Mental Health Services, Los Angeles County Department of Mental Health)

Jim Allen (Deputy Director, Adult Systems of Care, Los Angeles County Department of Mental Health)

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Statistics indicate that health conditions of the residents of south central Los Angeles are relatively poor and facilities to provide medical care are insufficient.

